Organization ID # 0808067 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

dan d**an** da d**an** itu **a a**likia **a a**k 0808067.06

dcornish

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/30/2018 8:41 AM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and **Reinstatement Annual Report** For the year 2018

Exact limited	I liability company name	and principal	office address

AMANDREW, LLC **7505 CREEKTON DRIVE LOUISVILLE KY 40241**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be

	downloaded no	in our wepaite.
Registered Agent and Registered Office Address	FEIN (Opti	ional)
DAVID EDELEN		
7505 CREEKTON DRIVE		
LOUISVILLE, KY 40241		
If the above company is included in a parent company's Kent	ucky tax return as a disregarde	t
company's information here (optional):		
FEIN: Name:		
Members - List the name and address of the limited liability compan LLCs are not required to list their members.	ry's members. If not specified, addresses default to the LLC's p	principal office address Member-managed
DAVID ANDREW EDELEN		
		
The above entity was administratively dissolved on Octo		
The undersigned states that the grounds for dissolution requirements of KRS 275.295. Enclosed is a check in the		
Under penalty of perjury, the below signed hereby authorinformation pertaining to AMANDREW, LLC to the Secr		
If not an officer of sai∮ entity, please provide a Declarat	ion of Power of Attorney with the Reinstatemen	at Application
in the difference of the diffe	ion of a characteristic remarkationer	re reprioation.
X /w/ 3/V	member	10/26/18
Signature of member or manager (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

Notice Date:

October 29, 2018

KY SoS Org. ID: 0808067

AMANDREW, LLC 7505 CREEKTON DRIVE **LOUISVILLE KY 40241**

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/ consumerprotection/charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099