Organization ID # 0822669 State of origin ΚY

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta Received and Filed:

0822669.06

Dcornish **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

2/27/2018 8:42 AM Fee Receipt: \$145.00

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 years 2016 through 2018

RST

Exact limited liability company name and principal office address

HASNI DIALYSIS LLC 122 PINEWOOD COURT LONDON KY 40744

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

LONDON KI 40744		nline at <u>app.sos.ky.gov/ftsearch</u> or can be paded from our website.
Registered Agent and Registered Office Address		
syed kamran hasni		
315 Hospital Dr.		
Suite B		
Barbourville, KY 40906 If the above company is included in a parent company's K	entucky tax return as a disregarded	
company's information here (optional):	ontooky tax retain as a disregarded	
FEIN: Name:		
Members - List the name and address of the limited liability com LLCs are not required to list their members.	pany's members. If not specified, addresses default to the	e LLC's principal office address Member-managed
SYED KAMRAN HASNI		
QURATUL AIN FATIMA		
The above entity was administratively dissolved on C The undersigned states that the grounds for dissoluti requirements of KRS 275.295. Enclosed is a check in	ion either did not exist or have been elimin	ated, and the entity's name satisfies the
Jnder penalty of perjury, the below signed hereby au nformation pertaining to Hasni Dialysis LLC to the So	ecretary of State, as required for reinstate	ment pursuant to KRS 271B.14-220.
f not an officer of said entity, please provide a Decla	ration of Power of Attorney with the Reins	atement Application.
X /\\ h~	President	02/22/18
Signature of promper or manager (Required)	Title (Required)	Date (Required)

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

502-564-0058 Fax:

Hasni Dialysis LLC 122 PINEWOOD COURT LONDON KY 40744

Notice Date:

February 26, 2018

KY SoS Org. ID: 0822669

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: Ramon REV4636, Taxpayer Services Specialist I

Email: Ramon.Juanso@ky.gov

Direct: 502-564-2169