Organization ID # 0610070 State of origin KY Filing fee \$115.00 <b>Alison</b>	Commonwealth of Ke Lundergan Grimes, Sec	•	0610070.06 Alison Lundergan Grin Kentucky Secretary of Received and Filed: 10/23/2013 11:05 AM	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Appli Reinstatement Annu For the year 20	ual Report	Fee Receipt: \$115.00	
Exact limited liability company name and principal office address ANIMAL CLINIC OF ESTILL COUNTY PLLC 1995 RICHMOND ROAD IRVINE KY 40336		name/office addre form. When reinsta addresses until the reinstatement is file	e address and registered agent ress cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the ed, the statement of change can be <u>sos.ky.gov/ftsearch</u> or can be ur website.	
Registered Agent and Registered LINDA K GRIMES DVM 1995 RICHMOND ROAD IRVINE, KY 40336	Office Address			
Members - List the name and address of the LLCs are not required to list their members.	e limited liability company's members. If not specified, addr	esses default to the LLC's princ	cipal office address Member-man	aged
LINDA K GRIMES				

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

1.1

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to ANIMAL CLINIC OF ESTILL COUNTY PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

× Jurde Munes	Manazer	10-21-13
Signature of member or menager (Required)	(Required)	Date (Required)



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

October 23, 2013

## ANIMAL CLINIC OF ESTILL COUNTY PLLC **1995 RICHMOND ROAD IRVINE KY 40336**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate ANIMAL CLINIC OF ESTILL COUNTY PLLC has filed Kentucky Income Tax Returns through the tax year ended 11/23/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Matthew McLaughlin, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2169 FAX# 502-564-3392

Kentucky Secretary of State organization number 0610070



