

Organization ID # 0629270
State of origin KY
Filing fee \$160.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0629270.06 amcra
LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
5/10/2012 2:38 PM
Fee Receipt: \$160.00

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 2009 through 2012

RST

Exact limited liability company name and principal office address

BOVINE MEDICAL ASSOCIATES LLC
P.O. BOX 11100
~~210-212 LISLE INDUSTRIAL ROAD~~
LEXINGTON KY 40512

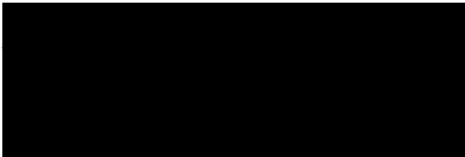
*1500 Soper Road
CARLISLE, Ky 40311*

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 from our website.

Registered Agent and Registered Office Address

DAWN BUSH-CROUCH
~~614 SOPER ROAD~~
CARLISLE, KY 40311

1500 Soper Rd.



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address..
Member-managed LLCs are not required to list their members.

DAWN BUSH CROUCH
TERRY W CROUCH

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$160.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to BOVINE MEDICAL ASSOCIATES LLC to the Secretary of State, as required for reinstatement pursuant to KRS 274B.14-220.

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

X *DAWN BUSH-CROUCH* *Owner - Manager* *4-30-12*
Signature of member or manager (Required) Title (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

May 9, 2012

**BOVINE MEDICAL ASSOCIATES LLC
1500 SOPER ROAD
CARLISLE KY 40311**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BOVINE MEDICAL ASSOCIATES LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Justin Smith, Revenue Auditor
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7318
FAX# 502-564-0058

Kentucky Secretary of State organization number 0629270