Michael G. Adams       Fee receipt:       \$145.0         Secretary of State       P. O. Box 718       Reinstatement Application and       Reference (State)         Frankfort, KY 40602-0718       (502) 564-3490       For the years 2022 through 2024       Reference (State)       Reference (State)         http://www.sos.ky.gov       Reference (State)       For the years 2022 through 2024       Reference (State)         Exact limited liability company name and principal office address       ASCENDING HEALTH AND WELLNESS SERVICES LLC       The principal office address can on this form. When reinstating, you will be filed         R       Note the reinstatement is form.       Statement of chance will be filed	Secretary of St Michael G. Adams KY Secretary of State Received and Filed 1/12/2024 10:16:22 AM Fee receipt: \$145.00 ent Application arru ent Annual Report rs 2022 through 2024 Ce address S LLC The principal office address and registered agent name/office address cannot be changon on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the
Michael G. Adams       Secretary of State       P. O. Box 718       Reinstatement Application anu       Ree         P. O. Box 718       Reinstatement Annual Report       RS         Strankfort, KY 40602-0718       (502) 564-3490       For the years 2022 through 2024       RS         http://www.sos.ky.gov       Exact limited liability company name and principal office address       ASCENDING HEALTH AND WELLNESS SERVICES LLC         513 OGDEN STREET       R	Fee receipt:       \$145.00         Ent Application and ent Annual Report       RST         To s 2022 through 2024       RST         Ce address       The principal office address and registerec agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the
P. O. Box 718       Reinstatement Annual Report         Frankfort, KY 40602-0718       For the years 2022 through 2024         (502) 564-3490       For the years 2022 through 2024         http://www.sos.ky.gov       Exact limited liability company name and principal office address         ASCENDING HEALTH AND WELLNESS SERVICES LLC       The principal office address can on this form. When reinstating, years         S13 OGDEN STREET       R	ent Annual Report       RST         rs 2022 through 2024       RST         ce address       The principal office address and registerec agent name/office address cannot be changon this form. When reinstating, you cannot modify the addresses until the reinstatement i filed. Once the reinstatement is filed, the
ASCENDING HEALTH AND WELLNESS SERVICES LLC on this form. When reinstating, y modify the addresses until the reinstatement is filed. Once the reinstatement is filed.	SLLC agent name/once address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the
	I
SOMERSET KY 42501 Registered Agent and Registered Office Address Registered Agents Inc. 212 N. 2nd St. STE 100 Richmond, KY 40475	
Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal Member-managed LLCs are not required to list their members.	mbers. If not specified, addresses default to the LLC's principal office addre
MARIA CRABTREE 513 OGDEN STREET R SOMERSET, KY 42501-1739	

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Ascending Health and Wellness Services LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: maria crabtree Title: Member 1/12/2024



Ascending Health an 513 Ogden Street R Somerset KY, 42501	d Wellness Services LLC	Notice Date: KY SoS Org. ID:	January 12, 2024 1132070	
RE:	Letter of Good Standing Request - Approved			
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>			
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>			
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist III Email: MeganD.Roberts@ky.gov Direct: 502-564-7310			