anization ID # 1302371 te of origin KY ng fee \$115.00 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	t KY Secreta	Michael G. Adams	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicatio Reinstatement Annual Re For the year 2024	Fee recei n anu	024 12:23:07 PM ipt: \$115.00 RST	
Exact limited liability compar HEALTHIER YOU LLC 293 CREEKSTONE DR CORBIN KY 40701 Registered Agent and Registe United States Corporation 9900 Corporate Campus Suite 3000 Louisville, KY 40223	ered Office Address	agent name/office on this form. When nodify the address	e address and registere address cannot be char n reinstating, you cannot es until the reinstatement statement is filed, the e will be filed.	
County: Business size: Business type:	WHITLEY Small Health Services			

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 HEALTHIER YOU LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Megan Barton Title: APRN 11/25/2024



HEALTHIER YOU LLC 9900 Corporate Campus Drive Suite 3000 Louisville KY, 40223			Notice Date KY SoS Or			
RE:		Letter of Good Standing Request - Approved				
SUMN	MARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.				
OUR	DETERMINATION	 An authorized perso You filed income and filing. You have no outstar Collections or have a 	with the Department of Revenu n requested this letter. d LLE tax returns as required ading tax assessments with t a valid pay agreement in place	d, or you are exempt from the Division of ce.		
WHA	T YOU NEED TO DO	 If you are attemption of this letter to the knotice date above. If you are a for-processor of State a Unemployment Insu If you are a non-protex returns with the 	urrent for 30 days from the nor ng to reinstate your entity, centucky Secretary of State v ofit corporation, you will also letter of good standing from rance. Their telephone number for entity, please remember Kentucky Attorney General. e is: http://ag.ky.gov/family/c ration.aspx.	y, please provide a copy within 30 days of the so need to provide the the Division of ber is 502-564-6835. er to file a copy of your The charity filing		
AGEN INFO	NT RMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327				