Organization ID # 0405473 State of origin

Commonwealth of Kentucky Filing fee \$175.00 Alison Lundergan Grimes, Secretary of St

0405473.09

bAlimonos PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 2/12/2018 1:30 PM Fee Receipt: \$175.00

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 2014 through 2018

RST

Exact organization name and principal office address **ELKHORN SPRINGS, INC.**

C/O MARTIN J. LICKER 1901 AVENUE OF THE STARS **SUITE 1050 LOS ANGELES CA 90067**

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

FBT LLC, LEXINGTON FROST BROWN TODD LLC 250 WEST MAIN **SUITE 2700**

LEXINGTON, KY 40507 ny is included in a narent company's Kentucky tay return as a disregarded entity or a subsidiary, please provide the parent

company's informati		and the state of t
FE114	Name	
Principal Officer specified, officer address	rs - List the name, address and title of all currer ses default to the principal office address. Corporat	nt officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not ions are required to list a Secretary or other officer serving as records custodian
President	SAM SHEPARD	
Secretary	MARTIN J LICKER	
	name and address of all directors (if applicable).	No listing of directors is verification that the corporation has dispensed with directors. If not specified,
MARTIN J LICKE	iR	
SAM SHEPARD		

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 271B.14-210. Enclosed is a check in the amount of \$175.00, 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 ELKHORN SPRINGS, INC. to the Secretary of State, as required for reinstatement pursuant to KRS

21 10.14-220/	*************************************	
If not an officer of said entity, please provide a Declar	ration of Power of Attorney with the Reinstateme	nt Application.
X MALLA Fleeled	Coretave	2/7/18
Signature of officer of challemap of the board (Required)	/ Title (Required)	Date/(Required)

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

ELKHORN SPRINGS, INC. C/O MARTIN J. LICKER 1901 AVENUE OF THE STARS **SUITE 1050** LOS ANGELES CA 90067

Notice Date:

February 12, 2018

KY SoS Org. ID:

0405473

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



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 02/12/2018
ELKHORN SPRINGS, INC.
Dear Sir/Madam:
KRS 14A.7-030(1)(f) CERTIFICATE
The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).
Sincerely,
Chad Atha Division of Unemployment Insurance

Kentucky Secretary of State organization number 0405473



275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272