Organization ID # 1049874 State of origin KY Filing fee \$130.00 M	of origin KY	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2021 through 20	eport RST
Exact limited liability company nar BEALL RECOVERY CLINIC 112 W HIGH ST LEXINGTON KY 40507	S, PLLC	he principal office address and registered gent name/office address cannot be changed on this form. When reinstating, you cannot hodify the addresses until the reinstatement is lied. Once the reinstatement is filed, the tatement of change can be filed online at <u>https:</u> web.sos.ky.gov\ftsearch or can be downloaded
cor here (optional):	Office Address arent company's Kentucky tax return as a disregarded entity of Beg 11 Recovery Clinics	or a subsidiary, please provide the parent
managed LLCs are not required to list their me	of the limited liability company's members, If not specified, addresse embers.	s default to the LLC's principal office address Member-
TIFFANY M. OSBORNE		·
SHANE E. BEALL		
2021. The undersigned states that satisfies the requirements of KRS	ely dissolved on October 18, 2021 because the entity of the grounds for dissolution either did not exist or have 275.295. Enclosed is a check in the amount of \$130.0	been eliminated, and the entitys name 0, payable to Kentucky State Treasurer.
	signed hereby authorizes the Kentucky Department of COVERY CLINICS, PLLC to the Secretary of State, as	

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

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X Į

Signature of member Or manager (Required)

Partner Title (Required)

1-24-22

Date (Required)



BEALL RECOVERY CLINICS, PLLC 1145 w.lexington ave ste. c Winchester KY 40391 Notice Date:February 2, 2022KY SoS Org. ID:1049874

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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038	