

Organization ID # 0679477  
State of origin KY  
Filing fee \$175.00

# Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0679477.06 balimonos LRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/20/2014 9:45 AM  
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 2010 through 2014

**RST**

**Exact limited liability company name and principal office address**

AMERICAN SLEEP MEDICINE, LLC  
4010 DUPONT CIRCLE  
SUITE 124  
LOUISVILLE KY 40207

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.



**Registered Agent and Registered Office Address**

ROW J. ZADEH  
4010 DUPONT CIRCLE  
SUITE 124  
LOUISVILLE, KY 40207

**Managers** - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

ROW J ZADEH  
JERRY LAUCH

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$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 AMERICAN SLEEP MEDICINE, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

**X** \_\_\_\_\_ President 10-10-2014  
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

October 20, 2014

**AMERICAN SLEEP MEDICINE, LLC  
4010 DUPONT CIRCLE  
SUITE 124  
LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AMERICAN SLEEP MEDICINE, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Brad REVX069, Taxpayer Services Specialist II  
Division of Corporation Tax  
State Office Building,  
501 High Street, Mail Station 52  
Frankfort, KY 40601  
502-564-8139 ext.42055  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0679477