0464980.06

mstratton **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

12/11/2012 2:51 PM Fee Receipt: \$115.00

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 year 2012

RST

Exact limited liability company name and principal office address

HMN127, LLC **FARMERS BANK & CAPITAL TRUST CO** TRUST DEPT **FARMERS BANK PLAZA FRANKFORT KY 40601**

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 JO ALLAN NAPIER

701 LEAWOOD DR. FRANKFORT, KY 40601

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	.a., —		

Members - List the name and address of the limited liability company's members. If not spedfied, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

JBI	N127	uc	a KY			company
GVI	1 127	LLC	9 KY	limited	ial Ly	Company
	i, LY		KY	fimited		Conpany
JAN	LV	4	KY	imila	liability	Company

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$115.00, payable to Kentucky State Treasurer.

Under penalty of periury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HMN127, 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	go assor he	hor home	<u> </u>
	gnature of member or manager (Required)		Tite (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

December 11, 2012

HMN127, LLC FARMERS BANK & CAPITAL TRUST CO TRUST DEPT 125 W MAIN ST. FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HMN127**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Mary Emily Royce, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0464980

