

Organization ID # 0729085
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky

0729085.06 dcornish
LRPF

Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/2/2014 12:15 PM
Fee Receipt: \$130.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 713
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Reinstatement Application and Reinstatement Annual Report For the years 2013 through 2014

Exact limited liability company name and principal office address

A & M THERAPY PLC
915 WASHINGTON ST
FLATWOODS KY 41139

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

MANDY KIDWELL
1130 AMHERST DR
ASHLAND, KY 41101



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

MANDY KIDWELL	1130 Amherst DR Ashland Ky 41101
AMIE L. SHAVERS <i>* Remain</i>	
KELSEY GLOCKNER <i>* Remove</i>	
<i>* ADD Darryl Jackson</i>	600 Cartell St Ashland Ky 41101

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$130.00, 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 A & M THERAPY PLC 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 Amanda Kidwell Member/Registered Agent 8-9-14
 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

September 2, 2014

**A & M THERAPY PLC
1130 AMHERST DR
ASHLAND KY 41101**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **A & M THERAPY PLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Becky REV0679, Taxpayer Services Specialist I
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2117
FAX# 502-564-3392

Kentucky Secretary of State organization number 0729085