Organization ID # 0859786 **Commonwealth of Kentucky** State of origin ΚY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St Kentucky Secretary of State

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balimonos **LRPF** 

Alison Lundergan Grimes

Received and Filed: 6/16/2016 1:14 PM Fee Receipt: \$130.00

RST

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 2015 through 2016

Exact limited liability company name and principal office address PRIMARY CARE SOLUTIONS LLC 2001 FREDERICA ST. **OWENSBORO KY 42301** 

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

CAROLYN KASSINGER 2001 FREDERICA ST.



CAROLYN J KASSINGER	1,			
JAMES R. KASSINGER			<del></del>	
	N 86°			
			1	
The above entity was administ	ratively dissolved on Sept	ember 12, 2015 because	the entity did not file its a	annual report for the year
2015. The undersigned states satisfies the requirements of K	that the grounds for disso RS 275.295. Enclosed is	lution either did not exist on a check in the amount of $rac{9}{3}$	or have been eliminated, \$130.00, payable to Kent	and the entity's name tucky State Treasurer.
2015. The undersigned states	that the grounds for disso RS 275.295. Enclosed is a elow signed hereby autho	lution either did not exist on a check in the amount of strices the Kentucky Depart	or have been eliminated, \$130.00, payable to Kent ment of Revenue to rele	and the entity's name tucky State Treasurer. ase any applicable tax
2015. The undersigned states satisfies the requirements of K Under penalty of perjury, the b information pertaining to PRIM	that the grounds for disso RS 275.295. Enclosed is elow signed hereby autho ARY CARE SOLUTIONS	lution either did not exist of a check in the amount of strizes the Kentucky Depart LLC to the Secretary of Strizes on of Power of Attorney was	or have been eliminated, 6130.00, payable to Kent ment of Revenue to rele tate, as required for reins th the Reinstatement Ap	and the entity's name tucky State Treasurer. ase any applicable tax statement pursuant to KRS
2015. The undersigned states satisfies the requirements of K Under penalty of perjury, the b information pertaining to PRIM 271B.14-220.	that the grounds for disso RS 275.295. Enclosed is elow signed hereby autho ARY CARE SOLUTIONS	lution either did not exist of a check in the amount of strizes the Kentucky Depart LLC to the Secretary of Strizes	or have been eliminated, 6130.00, payable to Kent ment of Revenue to rele tate, as required for reins th the Reinstatement Ap	and the entity's name tucky State Treasurer. ase any applicable tax statement pursuant to KRS



DANIEL P. BORK
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

June 16, 2016

PRIMARY CARE SOLUTIONS LLC 2816 VEACH RD SUITE 306 OWENSBORO, KY. 42303

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PRIMARY CARE SOLUTIONS LLC** has filed Kentucky Income Tax Returns through the tax year ended 2015, 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,

James REVE277, Taxpayer Services Specialist II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0859786

