Organization ID # 1088586 State of origin KY Filing fee \$130.00 Michael G. Adams		ealth of Kentucky ns, Secretary of Stat	Michael G. Adams Kentucky Secretary of State Received and Filed: 4/7/2022 3:55 PM
Secretary of State	Reinstater	nent Application and	
P. O. Box 718		ment Annual Report	
Frankfort, KY 40602-0718		•	
(502) 564-3490 http://www.sos.ky.gov	For the ye	ears 2021 through 2022	
Tittp://www.sos.ky.gov			
Exact limited liability company nan COUNTY LINE PRIMARY CA 1550 HIGHWAY 15 S STE 2 JACKSON KY 41339	ARE, LLC	agent name/ on this form modify the a filed. Once th statement of	al office address and registered office address cannot be changed b. When reinstating, you cannot ddresses until the reinstatement is ne reinstatement is filed, the change can be filed online at <u>https:</u> .gov\ftsearch or can be downloaded site.
Registered Agent and Registered (JUSTIN NEACE 41 John Maco Dr	<u>Office Address</u>		
Jackson, KY 41339 f the above company is included in a par company's information here (optional): FEIN:		return as a disregarde	ary, please premae the parent
Members - List the name And address o managed LLCs are not required to list their me	mbers.	rembers. If not specified, addresses default to t	the LLC's principal office address Member-
Justin Neace	Jercy	Compbell	· · · · · · · · · · · · · · · · · · ·
Jessia Near			
Robert Dungan George Bycnett	<u> </u>		
2021. The undersigned states that t satisfies the requirements of KRS 2 Jnder penalty of perjury, the below s nformation pertaining to County Lin 271B.14-220.	he grounds for dissolution 75.295. Enclosed is a che signed hereby authorizes e Primary Care, LLC to the	8, 2021 because the entity did not file n either did not exist or have been elin eck in the amount of \$130.00, payable the Kentucky Department of Revenue e Secretary of State, as required for re ower of Attorney with the Reinstatem	ninated, and the entity's name to Kentucky State Treasurer. to release any applicable tax instatement pursuant to KRS
X Aust A		(FO	7/11/20
Signature of member Or manager (F	and a second	Title (Required)	Date (Required)
V			



County Line Primary Care, LLC 1550 Highway 15 S Ste 240 Jackson KY 41339 Notice Date: April 7, 2022 KY SoS Org. ID: 1088586

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. 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. 	
CONTACT	 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. 	
INFORMATION	Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102	