

Organization ID # 0874087

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0874087.06

mstratton
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/5/2016 8:49 AM
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 2015

KST

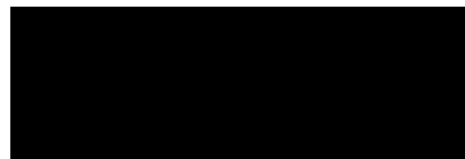
Exact limited liability company name and principal office address

CHIROPRACTIC SOLUTIONS, PLLC
2107 WEBER AVENUE
LOUISVILLE KY 40205

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

William T Perks
2107 Weber Avenue
Louisville, KY 40205



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.

DR. WILLIAM PERKS

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Chiropractic Solutions, PLLC 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

Signature of member or manager (Required)

Title (Required)

Date (Required)

Manager

10-6-15



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

January 4, 2016

Chiropractic Solutions, PLLC
2107 Weber Avenue
Louisville KY 40205

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Chiropractic Solutions, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 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,

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 0874087