

Organization ID # 0829392
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0829392.06 dcornish
LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/18/2016 11:10 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 2016

RST

Exact limited liability company name and principal office address

TRIPLE CROWN HEALTHCARE MANAGEMENT, LLC
902 WHIRLAWAY DRIVE
UNION KY 41091

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

United States Corporation Agents, Inc.
9900 CORPORATE CAMPUS DRIVE
SUITE 3000
LOUISVILLE, KY 40223

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.

RICHARD E. WOOD, JR. 902 WHIRLAWAY DRIVE, UNION, KY 41091

The above entity was administratively dissolved on October 1, 2016 because the entity did not <unknown>. 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 TRIPLE CROWN HEALTHCARE MANAGEMENT, 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 _____ PRINCIPAL 10/14/2016
Signature of member or manager (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

October 17, 2016

**TRIPLE CROWN HEALTHCARE MANAGEMENT, LLC
902 WHIRLAWAY DRIVE
UNION KY 41091**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRIPLE CROWN HEALTHCARE MANAGEMENT, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0829392