

Organization ID # 0588494

State of origin KY

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

Commonwealth of Kentucky

0588494.06 mstratton LRP

Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 10/13/2015 2:14 PM
 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

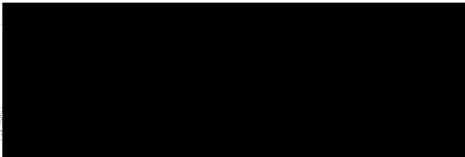
Exact limited liability company name and principal office address

FOUR RIVERS SPORT HORSE CENTER, LLC
 6 WEST VALE
 PADUCAH KY 42001

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

THOMAS J. KEULER
 555 JEFFERSON STREET
 SUITE 301
 PO BOX 929
 PADUCAH, KY 42002-0929



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.

RILEY LOVE

JILL LOVE

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 FOUR RIVERS SPORT HORSE CENTER, 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 *[Signature]* MANAGING member 10-8-15
 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

October 13, 2015

**FOUR RIVERS SPORT HORSE CENTER, LLC
6 WEST VALE
PADUCAH KY 42001**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FOUR RIVERS SPORT HORSE CENTER, LLC** has filed Kentucky Income Tax Returns through the tax year ended November 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,

Gary REV1282, Revenue Program Officer
Division of Corporation Tax
501 High Street, Mail Sta.52
Frankfort, KY 40601
502-564-7281
FAX# 502-564-0058

Kentucky Secretary of State organization number 0588494