

Organization ID # 0702994  
State of origin KY  
Filing fee \$160.00

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

0702994.06 bschell LRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
2/6/2012 1:28 PM  
Fee Receipt: \$160.00

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 years 2009 through 2012

RST

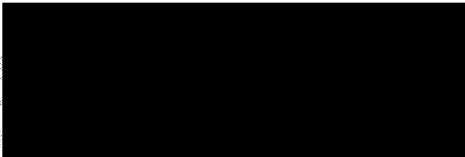
Exact limited liability company name and principal office address

EASTERN KENTUCKY FAMILY MEDICINE, PLLC  
9722 CLOVERIDGE DRIVE  
INDEPENDENCE KY 41051

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

Registered Agent and Registered Office Address

JANIE M. RATLIFF  
250 GRANDVIEW DRIVE  
SUITE 200  
FT. MITCHELL, KY 41017



**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.

Jason R.H. Castle 1265 Crestwood Drive Prestonsburg, Ky 41653

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$160.00, 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 EASTERN KENTUCKY FAMILY MEDICINE, 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] Member/owner 1/31/12  
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

February 6, 2012

**EASTERN KENTUCKY FAMILY MEDICINE, PLLC  
1265 CRESTWOOD DRIVE  
PRESTONSBURG, KY. 41653**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EASTERN KENTUCKY FAMILY MEDICINE, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Neelofar Moula, Revenue Auditor  
Pass Through Entity Tax Branch  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-7335  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0702994