Organization ID# 0619696 State of origin Filing fee \$115.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0619696.09

jclark **PRPF** 

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

11/24/2020 1:37 PM Fee Receipt: \$115.00

Michael G. Adams 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 2020

**RST** 

Exact professional se	ervice corporation name and principal of	office address The r	principal office address and registered agent	
	BEHAVIORAL HEALTH, PSC	. name	eloffice address cannot be changed on this	
1030 MONAR	•		. When reinstating, you cannot modify the esses until the reinstatement is filed. Once the	
SUITE #200	and the first of the control of the		talement is filed, the statement of change can be	
LEXINGTON	KY 40513		online at <u>app.sos.ky.gov/ftsearch</u> or can be loaded from our websile.	
Registered Agent and	Registered Office Address			
SCOTT SAUN				
1030 MONAR	CH ST			
100				
LEXINGTON,				
tine above company is i company's information he	ncluded in a parent company's Kentucky tax re	eturn as a disregarded <del>crimy or a</del>	subsidiary, piease provide the parent	
	Name:			
,				
rincipal Officers - L	ist the name, address and title of all current officers. A fault to the principal office address. Corporations are rec	All organizations must list at least one (1) suited to list a Secretary or other officer	officer, even in the case of a sole officer, if not serving as records custodian	
Officer	CYNTHIA LYNN MCALISTER	entra de la companya	and the second of the second o	
Officer	Ryan Pardo	10655 NE 4th St. Ste 901, Bellevue	VVA 98004	
Officer	Michael Lester		10655 NE 4th St, Ste 901. Bellevue, WA 98004	
Officer	Wanen Gouk	10655 NE 4th St. Ste 901, Bellevue	MA 08004	
rectors - List the name rector addresses default to the	And address of all directors (if applicable). No listing of e principal office address.	·		
Pirectors - List the name rector addresses default to the	And address of all directors (if applicable).No listing of e principal office address.	·		
Directors - List the name rector addresses default to the	And address of all directors (if applicable). No listing of e principal office uddress.	·		
ector addresses default to th	e principal office address.	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders:	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders:	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders.	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders: I	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders: I	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
hareholders - List the	name and address of the corporation's shareholders:	directors is verification that the corpora	tion has dispensed with directors. If Not specified.	
chareholders - List the LYNTHIA LYNN MCA	name and address of the corporation's shareholders: I	directors is verification that the corpora  If not specified, shareholder addresses of	tion has dispensed with directors. If Not specified.  default to the principal office address.  file its annual report for the year 2020. lated, and the entity's name satisfies th	
hareholders - List the YNTHIA LYNN MCA he above entity was a he undersigned states equirements of KRS 2 Inder penalty of perjuriformation pertaining to	name and address of the corporation's shareholders: IALISTER  dministratively dissolved on October 8, 20 is that the grounds for dissolution either dic	directors is verification that the corpora  If not specified, shareholder addresses of  20 because the entity did not  3 not exist or have been eliminated to its context of \$115.00, payable to its context of the cont	tion has dispensed with directors. If Not specified.  default to the principal office address.  file its annual report for the year 2020. nated, and the entity's name satisfies the Kentucky State Treasurer.  enue to release any applicable tax	
chareholders - List the CYNTHIA LYNN MCA the above entity was a he undersigned states equirements of KRS 2 Under penalty of perjuniformation pertaining to KRS 271B.14-220.	name and address of the corporation's shareholders: ALISTER  dministratively dissolved on October 8, 20 that the grounds for dissolution either did 718.14-210. Enclosed is a check in the ary, the below signed hereby authorizes the	directors is verification that the corporal front specified, shareholder addresses of the entity did not the front product of the second of \$115.00, payable to likentucky Department of Revisc to the Secretary of State.	tion has dispensed with directors. If Not specified.  Itefault to the principal office address.  file its annual report for the year 2020. Insteed, and the entity's name satisfies the Kentucky State Treasurer.  In the enue to release any applicable tax as required for reinstatement pursuant	
thareholders - List the CYNTHIA LYNN MCA the above entity was a he undersigned states equirements of KRS 2 Under penalty of perjuniformation pertaining to KRS 271B.14-220.	name and address of the corporation's shareholders: I ALISTER  dministratively dissolved on October 8, 20 that the grounds for dissolution either did 71B.14-210. Enclosed is a check in the arry, the below signed hereby authorizes the o BEAUMONT BEHAVIORAL HEALTH, P	directors is verification that the corporal form of	tion has dispensed with directors. If Not specified.  Itefault to the principal office address.  file its annual report for the year 2020. Insteed, and the entity's name satisfies the Kentucky State Treasurer.  In the enue to release any applicable tax as required for reinstatement pursuant	

1. president of said corporation, certify that all the shareholders, Not less than half of the directors. And all officers other than secretary And treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 And a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing is true And correct as of today.

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

BEAUMONT BEHAVIORAL HEALTH, PSC 1030 MONARCH STREET SUITE #200 LEXINGTON KY 40513 Notice Date: November 24, 2020

KY SoS Org. ID: 0619696

**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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

 You filed income and LLE tax returns as required, or you are exempt from filing.

4. 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.

#### WHAT YOU NEED TO DO 1.

- 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.
- 2. **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.
- 3. **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.

# CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <a href="https://kewes.ky.gov">https://kewes.ky.gov</a> UITax@KY.GOV

Date: 11/24/2020

BEAUMONT BEHAVIORAL HEALTH, PSC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0619696

