Organization ID # 0986396 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of

0986396.06

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/27/2018 7:43 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

Signature of member or manager (Required)

# Reinstatement Application and Reinstatement Annual Report For the year 2018

**RST** 

Date (Required)

Exact limited liability company name and principal office address
CORVUS MEDICAL STAFFING, LLC
109 MALLARD CROSSING COURT
ELIZABETHTOWN KY 42701

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

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Registered Ag	ent and Registered Office Ad	ddress			
	( HILLBERRY			Ì	
	ALLARD CROSSING COURT				
	NBETHTOWN, KY 42701	pany's Kentucky tax return as a disregare		ent	
	mation here (optional):	dany's remucky tax return as a disregard		Cin	
	Name:				
Members - List LLCs are not require	t the <b>name and address</b> of the limited lia ed to list their members.	ability company's members. If not specified, address	es default to the LLC's principal office addres	s Member-managed	
The undersigne	ed states that the grounds for o	ed on October 16, 2018 because the e dissolution either did not exist or have t check in the amount of \$115.00, payat	been eliminated, and the entity's n	or the year 2018. ame satisfies the	
Under penalty of information per 271B.14-220.	of perjury, the below signed he taining to CORVUS MEDICAL	reby authorizes the Kentucky Departm STAFFING, LLC to the Secretary of S	ent of Revenue to release any ap tate, as required for reinstatement	plicable tax t pursuant to KRS	
If not an officer	of said entity, please provide a	a Declaration of Power of Attomey with	the Reinstatement Application.		
$\mathbf{x} = \mathcal{U}_{i}$	and HUC	Owner	• •	116/18	

Title (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

# CORVUS MEDICAL STAFFING, LLC 109 MALLARD CROSSING COURT **ELIZABETHTOWN KY 42701**

Notice Date:

December 26, 2018

KY SoS Org. ID: 0986396

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.
- 3. 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 you.

Agent: Nicole REVX129, Taxpayer Services Specialist II

Email: Nicole.McTiernan@ky.gov

Direct: 502-564-2062