Michael G. Adams Secretary of State P. O. Box 718		ment Appli		Received and Filed: 11/2/2021 4:05 PM Fee Receipt: \$130.00
Frankfort, KY 40602-0718 (502) 564-3490		ement Anni ears 2020 thro		
http://www.sos.ky.gov	и	1. (a. 1997) - <u>1997 - J</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
kact limited liability company name NEW TRIBES FARMS L.L.C. P.O. BOX 1315 HINDMAN KY 41822 Registered Agent and Registered O Donald B. White 430 Highland Heights Hindman, KY 41822	ffice Address	ddress	agent name/o on this form. modify the add filed. Once the statement of c	office address and registered ffice address cannot be changed When reinstating, you cannot irresses until the reinstatement is reinstatement is filed, the nange can be filed online at <u>https:</u> <u>ov\ftsearch</u> or can be downloaded te.
the above company is included in a pare ompany's information here (optional): EIN: Name:	ent company's Kentucky ta	x return as a disregar	de	ent
lanagers - List the name And address of	the limited liability_company'	s managers. If not specif	ed, addresses default to t	he LLC's principal office address.
ONALD B WHITE		· · · · · ·		
IATTHEW WHITE	··· ··· ··· ··· ··· ··· ··· ··· ··· ··			
	r			
IICHAEL G WHITE				

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to New Tribes Farms L.L.C. 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 <u>10-10-202</u> Date (Required) Signature of member Or manager (Required) Title (Required)



New Tribes Farms L.L.C. P.O. Box 1315 Hindman KY 41822

Notice Date:	November 2, 2021	
KY SoS Org. ID:	0894997	

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289	