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LRPFAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
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Fee Receipt: \$130.00

Organization ID # 0937899

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.govReinstatement Application and
Reinstatement Annual Report
For the years 2017 through 2018

RST

Exact limited liability company name and principal office addressKRISTI BRISCOE MD, LLC
9720 PARK PLAZA AVE STE 103
LOUISVILLE KY 40241The 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 theRegistered Agent and Registered Office AddressKristi Briscoe
7410 Sunset Ln
Crestwood, KY 40014If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent
company's information here (optional):

FEIN: _____ Name: _____

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.

KRISTI SELBY BRISCOE

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017.
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 \$130.00, 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 Kristi Briscoe MD, 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 Kristi Briscoe
Signature of member or manager (Required)

M.D.

Title (Required)

1/6/18

Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

Kristi Briscoe MD, LLC
9720 Park Plaza Ave Ste 103
Louisville KY 40241

Notice Date: January 17, 2018
KY SoS Org. ID: 0937899

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: Ramon REV4636, Taxpayer Services Specialist I
Email: Ramon.Juanso@ky.gov
Direct: 502-564-2169
