| Organization ID # 0968599 State of origin KY Filing fee \$130.00 Alison | Commonwealth of Kent Lundergan Grimes, Secr | | 0968599.06 LRF Alison Lundergan Grimes Kentucky Secretary of State |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Applica Reinstatement Annua For the years 2017 throug | l Report | Received and Filed: 8/7/2018 3:21 PM Fee Receipt: \$130.00 |
| Exact limited liability company nam HMSII, L.L.C. 1934 FONTAINE RD LEXINGTON KY 40502 | ne and principal office address | name/office add form. When reins addresses until th reinstatement is f | Tice address and registered agent ress cannot be changed on this stating, you cannot modify the ne reinstatement is filed. Once the filed, the statement of change can be p.sos.ky.gov/itsearch or can be our website. |
| Registered Agent and Registered Office Address | | FEIN (Optic | onal) |
| Jennifer Mueller 1934 Fontaine Rd Lexington, KY 40502 If the above company is included in a par company's information here (optional): FEIN: Name: | ent company's Kentucky tax return as a disregarder | | , at |

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.

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 HMSII, 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.

(11 Signature of member or manager (Required)

itle (Required)



HMSII, L.L.C. 345 COLONY BLVD LEXINGTON KY 40502

| Notice Date: | August 7, 2018 |
|-----------------|----------------|
| KY SoS Org. ID: | 0968599 |

| RE: | Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUMMARY | | |
| OUR DETERMINATION | We verified the following information. | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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: Jessica REV3999, Revenue Program Officer Email: Jessica.Roberts@ky.gov Direct: 502-564-1056 | |