Organization ID # 1066899 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1066899.06

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Michael G. Adams

Date (Required)

Kentucky Secretary of State Received and Filed: 4/6/2021 9:10 AM **Reinstatement Application and** Fee Receipt: \$130.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Annual Report For the years 2020 through 2021

Exact limited	liability com	pany name	and princi	pal office addres	S
	D OWN ORDER				

RIVER CITY SPINE, LLC 3203 RIDGE BROOK CT **PROSPECT KY 40059**

Signature of member Or manager (Required)

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 app.sos.ky.gov/ftsearch or can be

	a de la companya di a	downloaded from o	our website.
Registered Agent and Registered Office Addres	55	FEIN (Option	nal)
Michael Casnellie 3203 Ridge Brook Ct Prospect, KY 40059			
If the above company is included in a parent company's company's information here (optional): FEIN: Name:	Kentucky tax return as a d	isregard	ent
Members - List the name And address of the limited liability of LLCs are not required to list their members.	company's members. If not specifi	ied, addresses default to the LLC's prin	cipal office address Member-managed
		talen.	
			多点影像
The above entity was administratively dissolved or The undersigned states that the grounds for dissol requirements of KRS 275.295. Enclosed is a check	lution either did not exist	or have been eliminated, and	the entity's name satisfies the
Under penalty of perjury, the below signed hereby information pertaining to River City Spine, LLC to t	authorizes the Kentucky he Secretary of State, as	Department of Revenue to re required for reinstatement p	elease any applicable tax ursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a Dec	1 1 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	mey with the Reinstatement.	Application.

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

River City Spine, LLC 3203 Ridge Brook Ct Prospect KY 40059

Notice Date: April 6, 2021 KY SoS Org. ID: 1066899

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.

An authorized person requested this letter.

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

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
 - 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370