Organization ID # 0741262 **Commonwealth of Kentucky** State of origin Filing fee \$205.00 Alison Lundergan Grimes, Secretary of St

balimonos 0741262.06

LRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/29/2018 1:43 PM Fee Receipt: \$205.00

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

Reinstatement Application and Reinstatement Annual Report For the years 2012 through 2018

RST

Exact limited liability company name and principal office address PH.D. PHARMS, LLC **401 LEBANON AVENUE CAMPBELLSVILLE KY 42718**

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 downloaded from our website.
Registered Agent and Registered Office Address		
CHERYL A. YATES		
401 LEBANON AVENUE		
CAMPBELLSVILLE, KY 42718 If the above company is included in a parent company's Ker	ntucky tay return as a disregarder	
company's information here (optional):	itacky tax return as a disregardet	
FEIN: Name:		•
Managers - List the name and address of the limited liability comp	pany's managers. If not specified, addresses de	efault to the LLC's principal office address.
CHERYL YATES		
TERRY YATES		
MICHAEL YATES		
LYNN YATES		
The above entity was administratively dissolved on Se 2012. The undersigned states that the grounds for diss satisfies the requirements of KRS 275.295. Enclosed i	solution either did not exist or have	been eliminated, and the entity's name
Under penalty of perjury, the below signed hereby authinformation pertaining to PH.D. PHARMS, LLC to the S		
If not an officer of said entity, please provide a Declara	ation of Power of Attorney with the F	Reinstatement Application.
X Phire Usates	maxager	Jan. 26, 2018
Signature of hember or manager (Required)	(/ Title (Required)	/ Date (Required)

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

502-564-0058 Fax:

PH.D. PHARMS, LLC **401 LEBANON AVENUE CAMPBELLSVILLE KY 42718** Notice Date:

January 29, 2018

KY SoS Org. ID: 0741262

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: Rada REV6015, Taxpayer Services Specialist II

Email: Rada.Moravac@ky.gov

Direct: 502-564-7336