Organization ID # 0956116 State of origin Filing fee \$160.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0956116.06

LRPF

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/16/2020 10:13 AM Fee Receipt: \$160.00

Date (Required)

Michael G. Adams 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 2017 through 2020

Exact limited liability company name and principal office address PAIN AND PERFORMANCE SOLUTIONS, LLC 2130 LEXINGTON RD STE J **RICHMOND KY 40475**

VSignature 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

		at <u>app.sos.ky.gov/ftsearch</u> or can be I from our website.
Registered Agent and Registered Office Address	FEIN (O	ptional)
Karen Clark		
2130 Lexington Rd Ste J Richmond, KY 40475		
If the above company is included in a parent company's Kenti company's information here (optional): FEIN: Name: Name:	ucky tax return as a disregarded	
Members - List the name And address of the limited liability compan LLCs are not required to list their members.	ny's members. If not specified, addresses default to the LLC	C's principal office address Member-managed
Maren Clark Stott 152	4 wilson Creek Rd, Lebar	ron Junction, KY 40150
The above entity was administratively dissolved on Octo The undersigned states that the grounds for dissolution requirements of KRS 275.295. Enclosed is a check in the	either did not exist or have been eliminated	I, and the entity's name satisfies the
Under penalty of perjury, the below signed hereby author information pertaining to Pain and Performance Solution KRS 271B.14-220.		
lf not an offiper of said entity, please provide a Declarati	ion of Power of Attorney with the Reinstater	nent Application.
X Maren (Voul Stoll	1217W64	7-10-2020

Title (Required)

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

July 16, 2020

0956116

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

Pain and Performance Solutions, LLC 102 DAVENTRY LANE **LOUISVILLE KY 40223**

Letter of Good Standing Request - Approved

SUMMARY

RE:

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310