Organization ID# 0931976 State of origin Filing fee \$175.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 8/7/2020 9:16 AM Fee Receipt: \$175.00

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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 2016 through 2020

Exact limited liability company name and principal office address STEPHENSON FAMILY CHIROPRACTIC LLC 3420 LONE OAK RD PADUCAH KY 42029

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

The principal office address and registered agent

	downloaded from our website.
Registered Agent and Registered Office Address	FEIN (Optional)
SCOTT STEPHENSON	
605 HAWTHORNE ST	
CALVERT CITY, KY 42029	
If the above company is included in a parent company's Kentucky tax return as a company's information here (optional): FEIN: Name:	disregarded e
Members - List the name And address of the limited liability company's members. If not spec	hilled addresses default to the LLC's principal office address. Member managed
LLCs are not required to list their members.	aneu, audresses delauit to the LLC 5 principal office address Member-managed

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 \$175.00, 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 STEPHENSON FAMILY CHIROPRACTIC LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entry, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Or manager (Required)

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

502-564-0058 Fax:

STEPHENSON FAMILY CHIROPRACTIC LLC 2830 Lone Oak Rd Suite #2 PADUCAH KY 42003

Notice Date: August 7, 2020 KY SoS Org. ID: 0931976

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310