



Filed  
 Secretary of State  
 State of Washington  
 Date Filed: 12/29/2023  
 Effective Date: 12/29/2023  
 UBI #: 604 290 753

## STATEMENT OF REINSTATEMENT

### BUSINESS INFORMATION

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Business Name:

**AUDIENCE SPECIFIC CONNECTIONS LLC**

UBI Number:

**604 290 753**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**2455 GEORGE WASHINGTON WAY APT O187, RICHLAND, WA, 99354-1740, UNITED STATES**

Principal Office Mailing Address:

**2455 GEORGE WASHINGTON WAY APT O187, RICHLAND, WA, 99354-1740, UNITED STATES**

Expiration Date:

**07/31/2024**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**07/05/2018**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**ANY LAWFUL PURPOSE**

### BUSINESS NAME

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Business Name

**AUDIENCE SPECIFIC CONNECTIONS LLC**

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
TAXMEDICS	101 S WASHINGTON ST, SUITE C, KENNEWICK, WA, 99336-5116, UNITED STATES	101 S WASHINGTON ST, SUITE C, KENNEWICK, WA, 99336-5116, UNITED STATES

PRINCIPAL OFFICE

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Phone:

Email:

**ENTITY@TAXMEDICS.NET**

Street Address:

**2455 GEORGE WASHINGTON WAY APT O187, RICHLAND, WA, 99354-1740, UNITED STATES**

Mailing Address:

**2455 GEORGE WASHINGTON WAY APT O187, RICHLAND, WA, 99354-1740, UNITED STATES**

GOVERNORS

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Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		LINDA	ISAKSON

NATURE OF BUSINESS

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Nature of Business:

**ANY LAWFUL PURPOSE**

ANNUAL FEE CALCULATIONS

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Filing Name	Annual year	Fee
REINSTATEMENT		\$140.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	07/31/2019	\$70.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	07/31/2020	\$70.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	07/31/2021	\$70.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	07/31/2022	\$70.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	07/31/2023	\$70.00
ONLINE PROCESSING FEE		\$20.00
	<b>Total :</b>	<b>\$510.00</b>

EFFECTIVE DATE

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Effective Date:

**12/29/2023**

CONTROLLING INTEREST

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1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? - **No**
2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity? - **No**
  - a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? - **No**
3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue? - **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "Yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

RETURN ADDRESS FOR THIS FILING

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Attention:

**TAXMEDICS**

Email:

**ENTITY@TAXMEDICS.NET**

Address:

**101 S WASHINGTON ST STE C, KENNEWICK, WA, 99336-5116, UNITED STATES**

UPLOAD ADDITIONAL DOCUMENTS

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<b>Name</b>	<b>Document Type</b>
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No Value Found.

EMAIL OPT-IN

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I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

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Document is signed.

Person Type:

**ENTITY**

First Name:

**SHANNEL**

Last Name:

**REED**

Entity Name:

**TAXMEDICS**

Title: