

If facility owned or leased by a corporation, complete the following:

Name of corporation Whitley County, LLC, d.b.a.
The Heritage Nursing and Rehabilitation Facility

Address of corporation 300 Provider Court, Suite 100, Richmond, KY 40475

Member Delbert Ousley

Member John D. Sword

Member Marie Mills

Treasurer _____

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

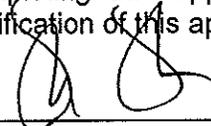
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company PMD Corporation
_____	_____
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.



Signature of authorized representative

V.P. Finance

Title

3/5/12

Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

Attachment

Schedule of Owners:

**Whitley County, LLC, d.b.a.
The Heritage Nursing & Rehabilitation Facility**

Delbert Ousley Member

John D. Sword Member

Marie Mills Member