

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

Name of corporation _____
 Address of corporation _____
 President or Chairman N/A _____
 Vice President Partnership _____
 Secretary _____
 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
<u>The Village of Lebanon LLC</u>	_____
<u>105 Village Way</u>	_____
<u>Lebanon Ky 40033</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.

Devin Blandford

Signature of authorized representative

Administrator 7/23/12

Title

Date

Return Application and fee to:

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

OIG 5
(10/2002)

List of Officers and Board Members

List of Partners Village of Lebanon, LLC
The Village of Lebanon
105 Village Way
Lebanon, KY 40033

1. Salem M. George, MD
2. Timothy B. George, Managing Partner
3. David B. George, MD
4. Brian Scott, MD
5. Elmer George, Attorney at Law
6. John Cooper

Listing of DEA Numbers

Salem M. George, MD DEA#
DAVID B. GEORGE, MD DEA#
BRIAN SCOTT, MD DEA#