

**Application for License to
Operate a Long-term Care Facility**

| |
|---|
| For Office Use Only Received _____ Amount _____ |
|---|

I. IDENTIFICATION

Name Hopkins Center 10/31/13
 Address 460 South College Street
 City/County/Zip Woodburn / Warren / 42170
 Telephone number 270-529-2853
 Administrator Sonja Henderson-Maddox
 Date facility operation began at current address unknown
 Date facility began operation under current owner 10/1/2006

| II. TYPE BEDS | No. beds licensed | No. beds requested |
|-------------------|-------------------|--------------------|
| Skilled | _____ | _____ |
| Nursing Home | _____ | _____ |
| Nursing Facility | 50 | _____ |
| Intermediate Care | _____ | _____ |
| ICF/MR | _____ | _____ |
| Personal Care | _____ | _____ |

II. CONTROL (check one in each column)

| | | | | |
|-----------|---|-----------|---|-------------|
| State | X | Profit | | Individual |
| County | | Nonprofit | | Partnership |
| City | | | | Corporation |
| X Private | | | X | LLC |

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
HBR Woodburn, LLC
101 Sun Avenue NE
Albuquerque NM 87109

(OVER)

RECEIVED
 MAR 18 2013
 OFFICE OF INSPECTOR GENERAL

PARENT: HBR KENTUCKY, LLC

| | |
|---|--|
| Harborside Healthcare Limited Partnership 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 100% Owner/ Sole Member of HBR Kentucky, LLC |
| Harborside Healthcare Advisors, LP 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 99% Partner of Harborside Healthcare Limited Partnership |
| KHI, LLC* 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 1% Partner of Harborside Healthcare Limited Partnership |
| Harborside Healthcare LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 99% Partner of: Harborside Healthcare Advisors, LP |
| KHI, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 1% Partner of Harborside Healthcare Advisors LP |
| SunBridge Healthcare, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN: | 100% Owner of Harborside Healthcare, LLC |
| Sun Healthcare Group, Inc. 101 Sun Ave. NE Albuquerque, NM 87109 FEIN | 100% Owner of SunBridge Healthcare, LLC |
| GHC Holdings II LLC 101 East State Street Kennett Square PA 19348\ FEIN: | 100% Owner of Sun Healthcare Group, Inc. |
| Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN: | 100% Owner of GHC Holdings II LLC |
| GEN Operations II LLC 101 East State Street Kennett Square PA 19348 FEIN: | 100% Owner of Genesis HealthCare LLC |
| GEN Operations I LLC 101 East State Street Kennett Square PA 19348 FEIN: | 100% Owner of GEN Operations II LLC |
| FC-GEN Operations Investment LLC 101 East State Street Kennett Square PA 19348 FEIN: | 100% Owner of GEN Operations I LLC |

Officers of Operating Entity:

George V. Hager, Jr. (CEO, Asst Treas. & Asst Sec.)
 Robert A. Reitz (Exec. VP & COO)
 Thomas DiVittorio (CFO, Treas/Asst Sec.)
 Michael S. Sherman (Senior VP, Sec & Asst Treas.)
 Michael Berg (Asst Sec)
 David C. Ahnquist (Exec VP - East Division)
 Jeff Berenbach (Senior VP - East Division)

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| bschell ASN |
| Allison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/11/2013 11:51 AM Fee Receipt: \$20.00 |



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| | | |
|---|---|------------|
| Division of Business Filings Business Filings | Certificate of Assumed Name (Domestic or Foreign Business Entity) | ASN |
|---|---|------------|

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Hopkins Center
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: HBR Woodburn, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|---|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

| | | | |
|---|-------------|-------|-------|
| 101 Sun Ave NE | Albuquerque | NM | 87109 |
| Street Address or Post Office Box Numbers | City | State | Zip |

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

| | | | |
|----------------------------|-----------------|---------------------|--------|
| | Michael T. Berg | Assistant Secretary | 2/5/13 |
| Authorized Party Signature | Printed Name | Title | Date |

DOCUMENT NO: 397591
RECORDED: February 12, 2013 12:06:00 PM
TOTAL FEES: \$13.00
COUNTY CLERK: GUY ZEIGLER
DEPUTY CLERK: PATSY MCCHESENEY
COUNTY: FRANKLIN COUNTY