

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

For Office Use Only  
Received 10-3-11  
Amount \$900.

*mailed validation letter 11/1/11*  
*Ch# 10985*

**RECEIVED**  
**OCT 03 2011**  
OFFICE OF INSPECTOR GENERAL

**I. IDENTIFICATION**

Name Tradewater Pointe, LLC  
Address 100 W. Ramsey Street  
City/County/Zip Dawson Springs, KY 42408  
Telephone number (270) 797-8131 mcurtis@concordhealthsystems.com  
Administrator Margaret Curtis  
Date facility operation began at current address \_\_\_\_\_  
Date facility began operation under current owner 04/01/04

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</u>	<u>60</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL (check one in each column)**

State	Profit <input checked="" type="checkbox"/> X	Individual
County	Nonprofit	Partnership
City		Corporation <input checked="" type="checkbox"/> X
Private <input checked="" type="checkbox"/> X		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Tradewater Pointe, LLC  
95 YMCA Drive  
Madisonville, KY 42431

(OVER)

10/31



## **Tradewater Pointe, LLC Ownership**

### **Officers of Corporation:**

Brenda Lowry, President

David Lowry, Vice President

James Lowry, Secretary

Matt Lowry, Treasurer