



(OVER)

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

Name of corporation Green Meadows Health Care Center 1

Address of corporation 310 Boxwood Run Road Mt. Washington, KY 40047

President or Chairman Single Member Limited Liability company

Vice President James T. Sleadd

Secretary n/a

Treasurer n/a

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>n/a</u>	<u>n/a</u>
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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.

*William R. ...*  
Signature of authorized representative

Administrator  
Title

04/15/2013  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)