



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

Name of corporation LP Owensboro, LLC  
Address of corporation 12201 Bluegrass Parkway, Louisville, KY 40299-2361  
President or Chairman N/A  
Vice President N/A  
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>LP CR Holdings</u>	<u>Signature Consulting Services, LLC</u>
<u>12201 Bluegrass Parkway</u>	<u>12201 Bluegrass Parkway</u>
<u>Louisville, KY 40299-2361</u>	<u>Louisville, KY 40299-2361</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.

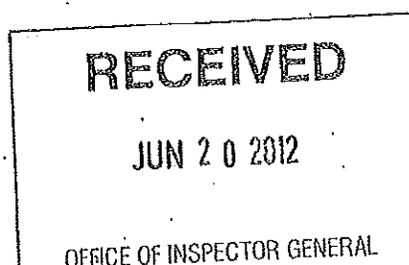
John Harrison  
Signature of authorized representative

CFO  
Title

6/14/12  
Date

Return Application and fee to:

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



OIG 5  
(10/2002)