

emailed validation letter

8/2/12

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

For Office Use Only  
Received 7.12.12  
Amount \$885,965.-

CR#12855

#### I. IDENTIFICATION

Name Dawson Pointe, LLC

Address 213 Water Street

City/County/Zip Dawson Springs, KY 42408

Telephone number 270-797-2025 mcurtis@concordhealthsystems.com

Administrator Margaret B. Curtis

Date facility operation began at current address September, 1973

Date facility began operation under current owner July 1, 2003

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>59</u>	<u>59</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Profit  Nonprofit  Individual  Partnership  Corporation

Private

#### II. OWNERSHIP

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

Dawson Pointe, LLC

95 YMCA Drive

Madisonville, KY 42431

**RECEIVED**

JUL 12 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

7/31



## **Dawson Pointe, LLC Ownership**

### **Officers of Corporation:**

Brenda Lowry, President

David Lowry, Vice President

James Lowry, Secretary

Matthew Lowry, Treasurer