



(OVER)

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

Name of corporation Britthave of Benton  
P O Box 6159 Kinston, NC 28502

Address of corporation \_\_\_\_\_

President or Chairman Randy Uzzell President/CEO

Vice President Robert Hill, JR

Secretary Lucy Hill  
Stephen Hill

Treasurer \_\_\_\_\_

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.

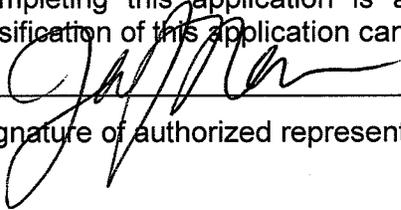
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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>Britthaven Inc.</u>   | _____              |
| <u>P O Box 6159</u>      | _____              |
| <u>Kinston, NC 28502</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.

  
Signature of authorized representative

Administrato  
Title

3-17-10  
Date

Return Application and fee to:

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