

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

For Office Use Only Received _____ Amount _____

I. IDENTIFICATION

1/3/11/14

Name Hillside Center
1500 Pride Avenue
 Address _____
Madisonville / Hopkins / 42431
 City/County/Zip _____
270-821-1813
 Telephone number _____
 Administrator Carol Britt
 Date facility operation began at current address unkown
 Date facility began operation under current owner 07/01/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>71</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	X	Profit		Individual
County		Nonprofit		Partnership
City				Corporation
X Private			X	LLC

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
HBR Madisonville, LLC
101 Sun Avenue NE
Albuquerque NM 87109

PARENT: HBR KENTUCKY, LLC

Harborside Healthcare Limited Partnership 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner/ Sole Member of HBR Kentucky, LLC
Harborside Healthcare Advisors, LP 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of Harborside Healthcare Limited Partnership
KHI, LLC* 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Limited Partnership
Harborside Healthcare LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner of Harborside Healthcare, LLC
Sun Healthcare Group, Inc. 101 Sun Ave. NE Albuquerque, NM 87109 FEIN:	100% Owner of SunBridge Healthcare, LLC
GHC Holdings II LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of Sun Healthcare Group, Inc.
Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GHC Holdings II LLC
GEN Operations II LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of Genesis HealthCare LLC
GEN Operations I LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations II LLC
FC-GEN Operations Investment LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations I LLC

Officers of Operating Entity:

George V. Hager, Jr. (CEO, Asst Treas. & Asst Sec.)
 Robert A. Reitz (Exec. VP & COO)
 Thomas DiVittorio (CFO, Treas/Asst Sec.)
 Michael S. Sherman (Senior VP, Sec & Asst Treas.)
 Michael Berg (Asst Sec)
 David C. Almquist (Exec VP - East Division)
 Jeff Berenbach (Senior VP - East Division)

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/11/2013 11:49 AM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Certificate of Assumed Name (Domestic or Foreign Business Entity)	ASN
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Hillside Center
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: HBR Madisonville, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|---|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

101 Sun Ave NE	Albuquerque	NM	87109
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

	Michael T. Berg	Assistant Secretary	2/5/13
Authorized Party Signature	Printed Name	Title	Date

DOCUMENT NO: 397598
RECORDED: February 12, 2013 12:06:00 PM
TOTAL FEES: \$13.00
COUNTY CLERK: GUY ZEIGLER
DEPUTY CLERK: PATSY MCCHESEY
COUNTY: FRANKLIN COUNTY

BOOK: A94 PAGES: 284 - 284