

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

For Office Use Only Received <u>5/23/12</u> Amount <u>1650.00</u>

GGNSC Administrative Services LLC
#181477407

I. IDENTIFICATION

Name Golden LivingCenter - Mt. Holly

Address 446 Mount Holly Avenue

City/County/Zip Louisville, KY 40206-2125

Telephone number (502) 897-1646

Administrator Nicolle Thomas Email: Nicolle.Thomas@goldenliving.com

Date facility operation began at current address 07/19/1982

Date facility began operation under current owner 04/01/2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	110	110
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

- | | | |
|---|--|---|
| <input type="checkbox"/> State | <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Individual |
| <input type="checkbox"/> County | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> City | | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> Private | | <input checked="" type="checkbox"/> Limited Liability |

II. OWNERSHIP

Company

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

GGNSC Louisville Mt. Holly LLC
446 Mount Holly Avenue
Louisville, KY 40206-2125

RECEIVED

MAY 23 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

52

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

Name of corporation GGNSC Louisville Mt. Holly LLC
Address of corporation 446 Mount Holly Avenue, Louisville, KY 40206-2125
President or Chairman David Stordy
Vice President Michael Karicher
Secretary Holly A. Rasmussen-Jones
Treasurer Ann Truitt

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.

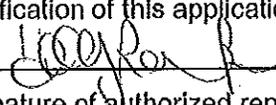
If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent
GGNSC Equity Holdings LLC
Attn: Legal Dept -1000 Flanna Way
Fort Smith, AR 72919

Management Company
N/A

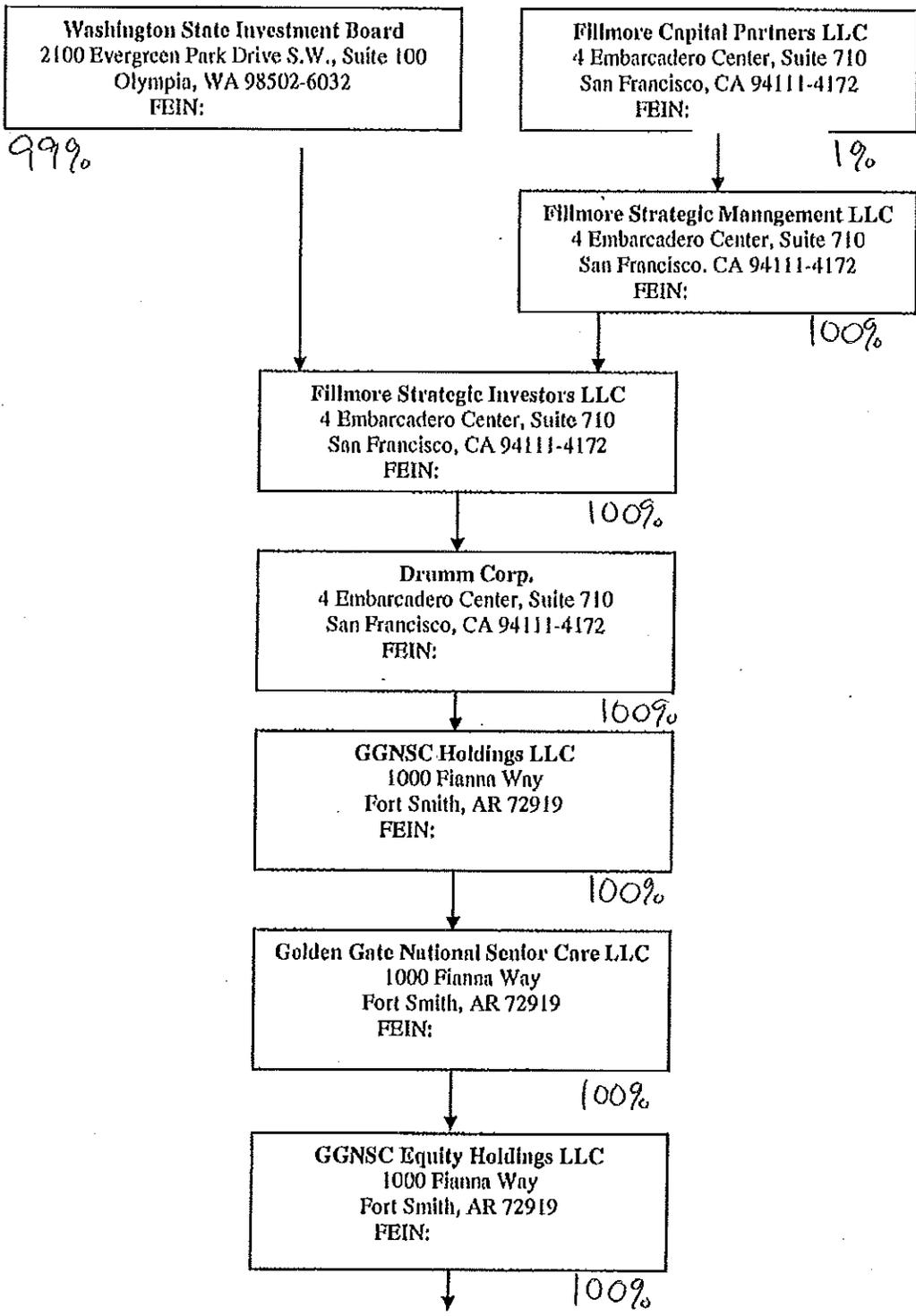
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance 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.

 Secretary 05/16/2012
Signature of authorized representative Title Date

Return Application and fee to:

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

OIG 5
(10/2002)



GGNSC Louisville Mt. Holly LLC, d/b/a Golden LivingCenter - Mt. Holly
 446 Mount Holly Avenue, Louisville, KY 40206-2125
 FEIN:

Officers and Directors Report

As of 5/1/2012

GGNSC Louisville Mt Holly LLC

Directors

Name	Title
David R Stordy	Director

Officers

	Name	Title
Executive Officer	David R Stordy	Division President
	Michael Karicher	Senior Vice President, Human Resources

	Name	Title
General Officer	Tina C Chavis	Vice President
	Nicholas R Finn	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	Vice President
	Stacey Rogers	Vice President
	Salvatore F Salamone	Vice President
	Holly Rasmussen-Jones	Secretary
	Ann Trull	Treasurer & Assistant Secretary
	Holly L Sulton	Assistant Secretary
	Greg D Swartz	Assistant Secretary
	Roberta G Williams	Assistant Secretary

Address for Notification:
1000 Fianna Way
Fort Smith, AR 72919