

GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

**STATE OF GEORGIA
LICENSE**

This is to certify that a license is hereby granted to CHMK & ASSOCIATES, INC.
(Name of Governing Body)
to operate as a Private Home Care Provider named as HOME INSTEAD SENIOR CARE
(Name of Facility)
providing PERSONAL CARE, AND COMPANION OR SITTER
located at 1301 SHILOH ROAD, STE 1730 in KENNESAW, County of COBB, Georgia.
(Street) (City or Town)

This license is effective December 01, 2009 through November 30, 2010

"This license is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated Title 31, Chapter 7, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued."

THIS LICENSE IS NOT TRANSFERABLE

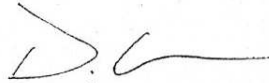
License No: 033-R-0009

In Witness Whereof, we have hereunto set our hand this 1ST day of DECEMBER, 2009

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION

Waivers/Variances Granted:
Rule #: _____
Rule #: _____
Rule #: _____

(The Letter Outlining These Conditions Shall be Posted)



Doug Colburn, Division Chief