

HOMES FOR THE AGED
CERTIFICATE OF APPOINTMENT OF AUTHORIZED REPRESENTATIVE
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

Notice is hereby given to the Michigan Department of @Wbg]b[`UbX'FY[i `Ucfrni5 ZU]fg in accordance with administrative rules that:

Owner of facility (name):	
Has appointed (name):	
Whose social security number is:	Whose date of birth is:

As the authorized representative for:

Facility Name:	License #
Address (street, city, zip code)	

Rule 325.1911(3) specifies that the authorized representative is authorized by the owner to:

- a. Submit amendments to the application.
- b. Provide the department with all information necessary in connection with licensure.
- c. Enter into agreements with the department in connection with licensure.
- d. Receive notice and service in matters relating to licensure.

This appointment will remain in effect until written notice of termination and appointment of a new authorized representative is sent to the Michigan Department of Licensing and Regulatory Affairs.

Signature of Owner/Person with Legal Authority to Act on behalf of Company or Board	Title
Applicant/License Name	Date

LARA is an equal opportunity employer/program.	Authority: 1978 PA 368
--	------------------------