



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF REGULATION AND LICENSURE  
 SECTION FOR LONG-TERM CARE REGULATION

**AFFILIATE LIST – LIMITED LIABILITY COMPANY (LLC)**

ATTACH ADDITIONAL SHEETS IF NECESSARY

All forms may be found on our website at: <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

NAME OF LIMITED LIABILITY COMPANY

**PART I MANAGERS**

NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME			
ADDRESS	CITY	STATE	ZIP CODE

**PART II MEMBERS**

NAME		% OF INTEREST IN LLC	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF INTEREST IN LLC	
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NAME		% OF INTEREST IN LLC	
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