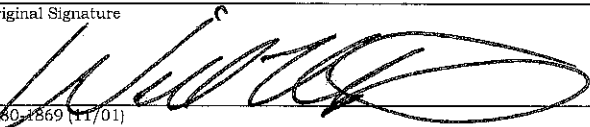




## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

(A registration form must be completed for <b>each</b> project presented.)	
Project Name Poplar Bluff II - Assisted Living by Americare	Number 5707 RS
(Please type or print legibly.)	
Name of Representative Will Montgomery	Title Sr. VP of Development
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Americare Senior Living	Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Americare Senior Living	Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input checked="" type="checkbox"/> Other (explain): Owner
Other Information: _____ _____	
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i>	
Original Signature 	Date 8/29/25



## Certificate of Need Program


**REPRESENTATIVE REGISTRATION***(A registration form must be completed for **each** project presented.)*

Project Name <b>Poplar Bluff II - Assisted Living by Americare</b>		Number <b>5707 RS</b>
<i>(Please type or print legibly.)</i>		
Name of Representative <b>Neal Slattery</b>		Title <b>Sr. VP of Development</b>
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Americare Senior Living</b>		Telephone Number <b>573-471-1113</b>
Address (Street/City/State/Zip Code) <b>214 N Scott St, Sikeston, MO 63801</b>		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented <b>Americare Senior Living</b>		Telephone Number <b>573-471-1113</b>
Address (Street/City/State/Zip Code) <b>214 N Scott St, Sikeston, MO 63801</b>		
<b>Check one. Do you:</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		<b>Relationship to Project:</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
<b>Other Information:</b> _____ _____		_____ _____
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>		
Original Signature 		Date <b>8/29/25</b>



## Certificate of Need Program

# REPRESENTATIVE REGISTRATION

(A registration form must be completed for <b>each</b> project presented.)	
Project Name <b>Poplar Bluff II - Assisted Living by Americare</b>	Number <b>5707 RS</b>
(Please type or print legibly.)	
Name of Representative <b>Jon Dalton</b>	Title <b>Legal Counsel</b>
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Armstrong Teasdale LLP</b>	Telephone Number <b>314-621-5070</b>
Address (Street/City/State/Zip Code) <b>7700 Forsyth Blvd Ste 1800, St. Louis, Missouri, 63105</b>	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented <b>Americare USA</b>	Telephone Number <b>573-442-5188</b>
Address (Street/City/State/Zip Code) <b>2082 W Southampton Drive, Columbia, Missouri 65203</b>	
<div>Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral</div> <div>Relationship to Project: <input type="checkbox"/> None <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):</div> <div>Other Information: _____ _____</div> <div>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></div>	
Original Signature 	Date <b>8/29/2025</b>











