

From: [Hill, Richard W.](#)
To: [Fick, Mackinze](#)
Subject: RE: CON 6205 NS
Date: Monday, May 19, 2025 8:24:17 AM
Attachments: [image001.png](#)

Mackinze:

Understood on the occupancy.

We agree with your result from the base MHFRC analysis as set forth in the regulations. Notwithstanding, as shown in our application, we're proposing an alternative need methodology that has been accepted by the Committee in the past.

Thanks!

Rich

RICHARD W. HILL
Attorney at Law
DIRECT: 314 436.8317
CELL: 314 749 2396
rhill@lashlybaer.com
Licensed in Missouri

LASHLY & BAER, P.C.

Attorneys at Law

714 Locust Street St. Louis, MO 63101-1699 TEL: 314 621.2939
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587
FAX: 314 621.6844 www.lashlybaer.com

THIS ELECTRONIC COMMUNICATION IS PRIVILEGED, CONFIDENTIAL AND OTHERWISE LEGALLY PROTECTED INFORMATION FROM THE LAW FIRM OF LASHLY & BAER, P.C. The information contained in this communication and any attachments is intended solely for use by the addressee(s). If this was erroneously sent to you, please notify us immediately by reply email or by telephone at 314-621-2939 and permanently delete this communication including any electronic or printed versions and attachments. Electronic communications are not secure. Please advise if you do not wish to receive electronic communications in the future. [Click here](#) for additional disclaimers.

Please consider the environment before printing this email.

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Friday, May 16, 2025 3:31 PM
To: Hill, Richard W. <RHill@lashlybaer.com>
Subject: RE: CON 6205 NS
Importance: High

Rich,

Thank you for this information. As of now, I do not have any additional questions, however I do want to note that year 1 will be based on 366 days as 2028 is a leap year.

Additionally, we reviewed the population-based need calculation presented in the CON application and agree with your population findings of 9,289. We agree with your number of beds in the applicants 15-mile radius. Therefore, we calculated **a bed surplus of 27 ICF/SNF beds**

within 15 miles of the site. Let me know if you agree or disagree with our findings.

This information is needed by Friday, May 23rd, 2025.



Mackinze Fick

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: mackinze.fick@health.mo.gov or by calling (573) 751-6403.

From: Hill, Richard W. <RHill@lashlybaer.com>

Sent: Friday, May 16, 2025 2:21 PM

To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>

Subject: RE: CON 6205 NS

Mackinze:

Please see below in red. Thanks!

Rich

RICHARD W. HILL
Attorney at Law
DIRECT: 314 436.8317
CELL: 314 749 2396
rhill@lashlybaer.com
Licensed in Missouri

LASHLY & BAER, P.C.

Attorneys at Law

714 Locust Street St. Louis, MO 63101-1699 TEL: 314 621.2939

20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587

FAX: 314 621.6844 www.lashlybaer.com

THIS ELECTRONIC COMMUNICATION IS PRIVILEGED, CONFIDENTIAL AND OTHERWISE LEGALLY PROTECTED INFORMATION FROM THE LAW FIRM OF LASHLY & BAER, P.C. The information contained in this communication and any attachments is intended solely for use by the addressee(s). If this was erroneously sent to you, please notify us immediately by reply email or by telephone at 314-621-2939 and permanently delete this communication including any electronic or printed versions and attachments. Electronic communications are not secure. Please advise if you do not wish to receive electronic communications in the future. [Click here](#) for additional disclaimers.

Please consider the environment before printing this email.

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>

Sent: Tuesday, May 13, 2025 9:35 AM

To: Hill, Richard W. <RHill@lashlybaer.com>

Subject: CON 6205 NS

Importance: High

Rich,

After review of the application, some additional information is needed.

- Provide 3rd party documents or methods/assumptions for the site development costs. The site development costs were provided by Tim Fleeman Construction, which is a third party project management company. See page 7 of the application for the quote document provided by Tim Fleeman Construction.
- The project is for 85 beds however the description states 65 private and 20 semi-private. Please advise. Page 15 of the application indicates that there will be a "20 semi-private bed memory care unit." There are ten semi-private rooms in the specialized unit, each with two beds. Please see page 22 of the application and the 600 wing.
- On the schematics, wing 200 states 10 beds, however I count 12. Please advise. You are correct – I believe the architect mislabeled the 200 wing. That label should indicate that there are 12 beds in that wing.
- The utilization for year 1 after project completion 15,489 however the revenues and expenses form states 15,498. These should be the same. Provide an updated utilization numbers or a updated revenues and expenses form. I must have mis-keyed in the information on page 16 of the application. The correct year 1 occupancy should be 15,498 resident days, which corresponds to an occupancy percentage of 50.0% $[15,498 / (365 * 85)]$.

This information is needed by Friday, May 23rd, 2025.



Mackinzezy Fick

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

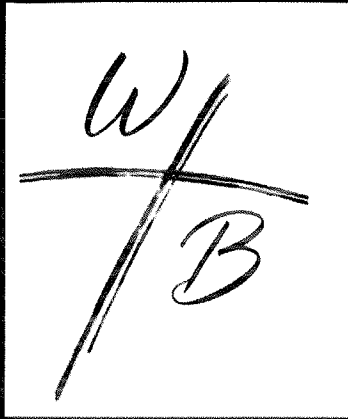
Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: mackinzezy.fick@health.mo.gov or by calling (573) 751-6403.

Disclaimer



WE LOVE GOD
WE LOVE YOU
WE LOVE THE BLUFF

Westwood Baptist Church

March 6, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

***RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living***

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

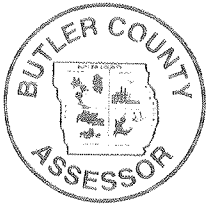
I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,

Dave Young
- Pastor

Senior Pastor Dave Young



BUTLER COUNTY

Chris Rickman - Assessor
100 N. Main Street, Suite 206
Poplar Bluff, MO 63901

March 17, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Chris Rickman", written over a horizontal line.

Chris Rickman
Butler County Assessor

From: [Jay Frances](#)
To: [CONP CONP](#)
Subject: CON Opposition - Poplar Bluff, MO, Butler County
Date: Thursday, April 17, 2025 11:14:54 AM

Preserve Quality and Stability: Oppose Unnecessary Expansion of Skilled Nursing Beds in Poplar Bluff

Context: Poplar Bluff, located in Butler County, Missouri, currently hosts multiple skilled nursing facilities. The area has been identified as overbedded, indicating that the existing capacity meets or exceeds the community's needs. Introducing additional beds through a new facility could have unintended consequences.

Key Considerations:

1. Economic Impact on Existing Facilities:

- **Financial Strain:** Existing facilities have made significant investments based on current demand projections. Introducing new competition in an already saturated market can dilute occupancy rates, leading to financial instability.
- **Risk of Closure:** Reduced occupancy can jeopardize the viability of current providers, potentially leading to closures and job losses, which would negatively affect the local economy.

2. Quality of Care Concerns:

- **Staffing Challenges:** An oversupply of beds can exacerbate staffing shortages, as facilities compete for a limited pool of qualified healthcare professionals, potentially compromising care quality.
- **Resource Allocation:** Resources may become stretched thin, affecting the ability of facilities to maintain high standards of care and invest in improvements.

3. Regulatory and Planning Principles:

- **Certificate of Need (CON) Objectives:** Missouri's CON program aims to prevent unnecessary duplication of healthcare services, control costs, and ensure the availability of quality care. Approving additional beds in an overbedded area contradicts these objectives.
- **Community Needs Assessment:** Decisions should be grounded in comprehensive assessments of community needs, ensuring that expansions align with actual demand.

4. Precedent and Policy Implications:

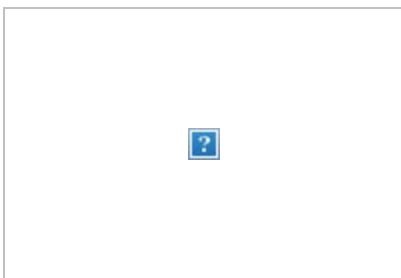
- **Setting a Precedent:** Approving new facilities in overbedded areas may set a precedent that undermines the integrity of the CON process, leading to unchecked expansions elsewhere.
- **Policy Consistency:** Upholding the CON guidelines ensures consistent and fair application of healthcare planning policies across the state.

Conclusion: To maintain the stability and quality of long-term care services in Poplar Bluff, it is crucial to adhere to established CON principles. Approving additional skilled nursing beds in an overbedded area poses risks to existing providers, care quality, and the local economy. Decisions should prioritize sustainable healthcare planning that truly reflects community needs.

Thank you for your consideration on this matter,

--

Jay M. Frances
CEO, Owner
Legacy Health Services, Inc.
7003 Chadwick Drive
Suite 287
Brentwood, TN 37027
(314) 605-9939 Mobile
(314) 241-1131 Fax
jfrances@lhsliving.org



STATEMENT OF CONFIDENTIALITY:

The contents of this e-mail message and any attachments are confidential and are intended solely for addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately ***notify*** the sender by reply e-mail or phone and ***delete*** this message and its attachments, if any.



April 17, 2025

Missouri Certificate of Need Program

Attn: Alison Dorge
P.O. Box 570
Jefferson City, MO 65102

Re: New Skilled Nursing Facility in Poplar Bluff, Missouri

To the Missouri Certificate of Need Decision-Makers,

My name is Sherrie Small, and I am writing on behalf of Cedargate Healthcare to voice our opposition to the proposed establishment of a new skilled nursing facility in Butler County.

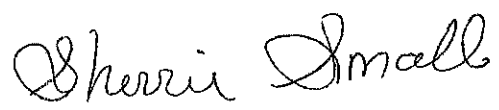
The CON process exists to prevent oversupply, safeguard service quality, and ensure thoughtful, evidence-based expansion of healthcare infrastructure. Approving a new facility in Poplar Bluff, an area already overbedded, would undermine those principles.

We are deeply concerned that this move would destabilize the market, threaten the viability of existing facilities, and impact care outcomes. Our facility—and many others—are experiencing severe staffing shortages. The proposed addition would make it even harder to hire and retain skilled workers, ultimately diminishing the quality of care.

For the sake of care continuity, financial sustainability, and responsible planning, we respectfully request that the application be denied.

Thank you for your leadership and thoughtful consideration.

Warm regards,

A handwritten signature in cursive script that reads "Sherrie Small". The letters are fluid and connected, with a large initial 'S'.

Sherrie Small
Administrator
Cedargate Healthcare
ssmall@cedargatehc.com



April 17, 2025

Missouri Certificate of Need Program

**Attn: Alison Dorge
P.O. Box 570
Jefferson City, MO 65102**

Re: New Skilled Nursing Facility in Poplar Bluff, Missouri

Dear Members of the Review Board,

As the owner of Cedargate Healthcare, I respectfully submit this letter to oppose the proposal for an additional skilled nursing facility in Poplar Bluff. Our community is already well-served by existing providers, and this expansion does not reflect a demonstrated need.

Opening a new facility in a region already deemed overbedded threatens the sustainability of current care providers. Our facility has made significant investments in infrastructure, workforce, and resident-centered care. Allowing new beds would diminish occupancy rates and divert critical resources.

Furthermore, it would place added strain on an already limited healthcare workforce in our county. With staffing challenges already impacting operations, increasing the number of facilities will only make recruitment and retention more difficult.

We ask that you uphold the purpose of the Certificate of Need—to support rational growth based on community need—and deny this proposal.

Sincerely,

A handwritten signature in blue ink, reading "Kimberly Smith". The signature is fluid and cursive, with the first name "Kimberly" written in a larger, more prominent script than the last name "Smith".

Kimberly Smith

Owner

Cedargate Healthcare Group, LLC

ksmith@lhsliving.org



Certificate of Need Program

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

Project Name	Black River Skilled Nursing	Number	6205
(Please type or print legibly.)			
Name of Representative	James Foley	Title	Partner
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Burton-Liege, LLC	Telephone Number	573-893-6834
Address (Street/City/State/Zip Code)			
730 W. Main St., Jefferson City, MO 65101			
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	Black River Skilled Nursing, LLC	Telephone Number	573-614-7772
Address (Street/City/State/Zip Code)			
300 N. Walnut Dexter, MO 63841			

Check one. Do you:

- ☒ Support
☐ Oppose
☐ Neutral

Relationship to Project:

- ☐ None
☐ Employee
☐ Legal Counsel
☒ Consultant
☐ Lobbyist
☐ Other (explain):

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: 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.

Original Signature

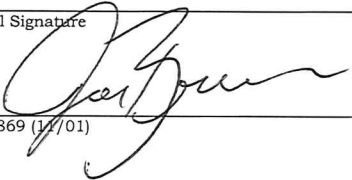
Date

4/18/25



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Black River Skilled Nursing	Number 6205
(Please type or print legibly.)	
Name of Representative Joe Bruns	Title Associate
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Burtm-Liege LLC	Telephone Number 573-893-6834
Address (Street/City/State/Zip Code) 730 W. Main St. Jefferson City, MO 65101	
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 Black River Skilled Nursing LLC	Telephone Number 573-614-7472
Address (Street/City/State/Zip Code) 300 N. Walnut Dexter MO 63841	
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 type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
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 4/18/25



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Black River Skilled Nursing	Number	6205
--------------	-----------------------------	--------	------

(Please type or print legibly.)

Name of Representative	Tony Dugger	Title	Associate
------------------------	-------------	-------	-----------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Burton-Liese, LLC	Telephone Number	573-893-6834
---	-------------------	------------------	--------------

Address (Street/City/State/Zip Code)	730 W. Main St. Jefferson City, MO 65101
--------------------------------------	--

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	Black River Skilled Nursing, LLC	Telephone Number	573-614-7472
--	----------------------------------	------------------	--------------

Address (Street/City/State/Zip Code)	300 N. Walnut Dexter, MO 63841
--------------------------------------	--------------------------------

Check one. Do you:

- ☒ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☐ Employee
- ☐ Legal Counsel
- ☒ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

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: 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.

Original Signature	Tony Dugger	Date	4/18/25
--------------------	-------------	------	---------

From: [Molly Frances](#)
To: [CONP CONP](#)
Subject: Opposition to proposed CON in Poplar Bluff, MO
Date: Wednesday, April 23, 2025 12:06:40 PM

To Whom it May Concern:

I am writing in opposition to granting a Certificate of Need for the proposed additional skilled nursing facility in Poplar Bluff, Missouri. I am the Chief of Compliance for Legacy Health Services, the managing company for Cedargate Healthcare located in Poplar Bluff, and strongly oppose the granting of a Certificate of Need for a new facility in the community. The CON process exists to prevent oversaturation of skilled facilities within a local community, to safeguard service quality, and facilitate thoughtful, evidence based expansion of healthcare services. Simply stated, the decision to approve additional beds should be determined by clear and convincing demand. Poplar Bluff is already classified as an over bedded area under Missouri's Certificate of Need criteria. Approving additional beds in an over bedded area contradicts the very principles the CON process is designed to protect.

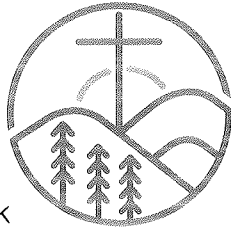
There are currently five skilled nursing facilities in Butler County, with a total of 520 licensed beds. The combined average occupancy from the fourth quarter of 2024 is only 61.2%. These figures clearly demonstrate that not only is there not a need for additional providers in the area, but that current providers are operating at a census deficit. Additionally, community census data shows that the population is consistently decreasing in Poplar Bluff and surrounding areas, negating any arguments that the need for additional beds is population driven. Existing facilities have used this data and their individual future projections to make significant investments in their businesses and introducing an unnecessary provider in the area can dilute already struggling occupancy rates and lead to financial instability in the local market.

Granting a CON to an unnecessary provider will also exacerbate current staffing challenges. The skilled nursing industry post COVID has struggled to secure qualified healthcare professionals, and the existing facilities in Poplar Bluff are no exception. Allowing another provider to open operations in the area will only compound the current staffing shortage, potentially compromising the quality of care facilities can provide. A new provider in the area will not add jobs, it will simply poach staff from existing providers that are already dealing with workplace shortages.

The existing providers in Butler County have provided healthcare services for local seniors for decades. My facility, Cedargate Healthcare, has served the community for over 30 years. If a CON is granted for a new facility, there is an almost certainty that Cedargate Healthcare and other existing facilities will be unable to remain viable. We urge you to uphold the foundational principles of the CON process and deny the request for this unnecessary and harmful expansion.

--

Molly Frances
Chief Compliance Officer
Legacy Health Services
7003 Chadwick Drive, Suite 287
Brentwood, TN 37027



United Gospel

— RESCUE MISSION —
Transforming Lives through Christ



Pastor Gregory Kirk
Executive Director

P.O. Box 924
Poplar Bluff, MO 63902
573-785-4683
donors@pbrescue.org

May 5, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

***RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living***

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,


Dr. Gregory Kirk, D.Ed.Min
Executive Director



Certificate of Need Program



REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Black River Skilled Nursing	Number 6205 NS
(Please type or print legibly.)	
Name of Representative John E Bardgett Jr	Title President
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) John Bardgett & Associates, Inc.	Telephone Number 636-530-9392
Address (Street/City/State/Zip Code) 16141 Swingley Ridge Rd. Ste 110, Chesterfield, MO 63017	
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 PB Real Estate Holdings, LLC; Black River Skilled Nursing, LLC	Telephone Number 573-614-7472
Address (Street/City/State/Zip Code) 300 N. Walnut Suite A, Dexter MO 63841	
<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 type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input checked="" type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):</div> <div>Other Information: _____ _____</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>	
Original Signature 	Date 6/2/2025