



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

AFFILIATE LIST – PARTNERSHIP

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

NAME OF PARTNERSHIP

PART I GENERAL PARTNERS

NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE

PART II LIMITED PARTNERS

NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
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