



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

PRINCIPAL LIST

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FACILITY NAME

FACILITY ADDRESS

OPERATOR'S EIN NUMBER

List all principals (principal means officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities) in the operation of the facility, including complete legal name, home address, social security number, and title or position.

FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
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HOME STREET ADDRESS	CITY	STATE	ZIP CODE
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FIRST NAME, MIDDLE INITIAL, LAST NAME	TITLE OR POSITION	SOCIAL SECURITY NUMBER	
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