

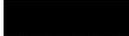
Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

3/21/14 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

COTTONWOOD PLACE

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF045

 
Chief Executive Officer
Department of Health and Human Services

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: COTTONWOOD PLACE

ADDRESS: 3271 29TH AVENUE, COLUMBUS, NE 68601

This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

MAR 14 2016

STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

RECEIVED Expiration Date
04/30/2016

Make Payment to DHHS LU

Renewal Fees:
1 - 10 beds: \$950
11 - 20 beds: \$1450
21 - 50 beds: \$1650
51 or more: \$1950

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY: COTTONWOOD PLACE, 3271 29TH AVENUE, COLUMBUS, NE 68601
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: c/o: COTTONWOOD PLACE, ENLIVANT - LEGAL DEPT, 330 N WABASH, SUITE 3700, CHICAGO IL 60611
LICENSE NO: ALF045
TELEPHONE NUMBER: (402) 562-9136
FAX NUMBER: (402) 563-2097
ADMINISTRATOR: LESLIE TENSKI Kim Meredith
EMAIL: EnlivantNebraskaDHHS@enlivant.com alcllicense@enlivant.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 47
5. SPECIFY SPECIAL POPULATIONS: (Please check)
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: COTTONWOOD AID OPCO LLC
(Mailing Address: 330 N WABASH, SUITE 3700, CHICAGO, IL 60611)
8. BUSINESS ORGANIZATION: (Check one):
Sole Proprietorship
Partnership
Limited Partnership
Corporation
X Limited Liability Company
Governmental
Other (Please Specify)

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Akhil Sharma
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Daniel Guill
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

MAR 17 8:50
CD DHHS ACCOUNTING
DATE 3/11/16

Ownership/Control Attachment
Cottonwood Place

Intermediate AID Co, LLC

Officers	Title	Manager
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

UPREIT AID CO, LLC

Officers	Title	Managers
Ronald Cami	Vice President	Kelvin Davis
Clive Bode	Treasurer	Avi Banyasz
Jack Richard Callison, Jr.	Authorized Officer	Jeff Smith
Akhil Sharma	Authorized Officer	Frank Johnson
Daniel Marshall Guill	Authorized Officer	James Williams
		Donald McNamara
		Denise Coll
		Jack Richard Callison, Jr.

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Parent AID OPCO TRS, LLC

Officers	Title	Manager
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Ownership/Control Attachment
Cottonwood Place

Master Tenant (CMBS) AID OPCO LLC

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

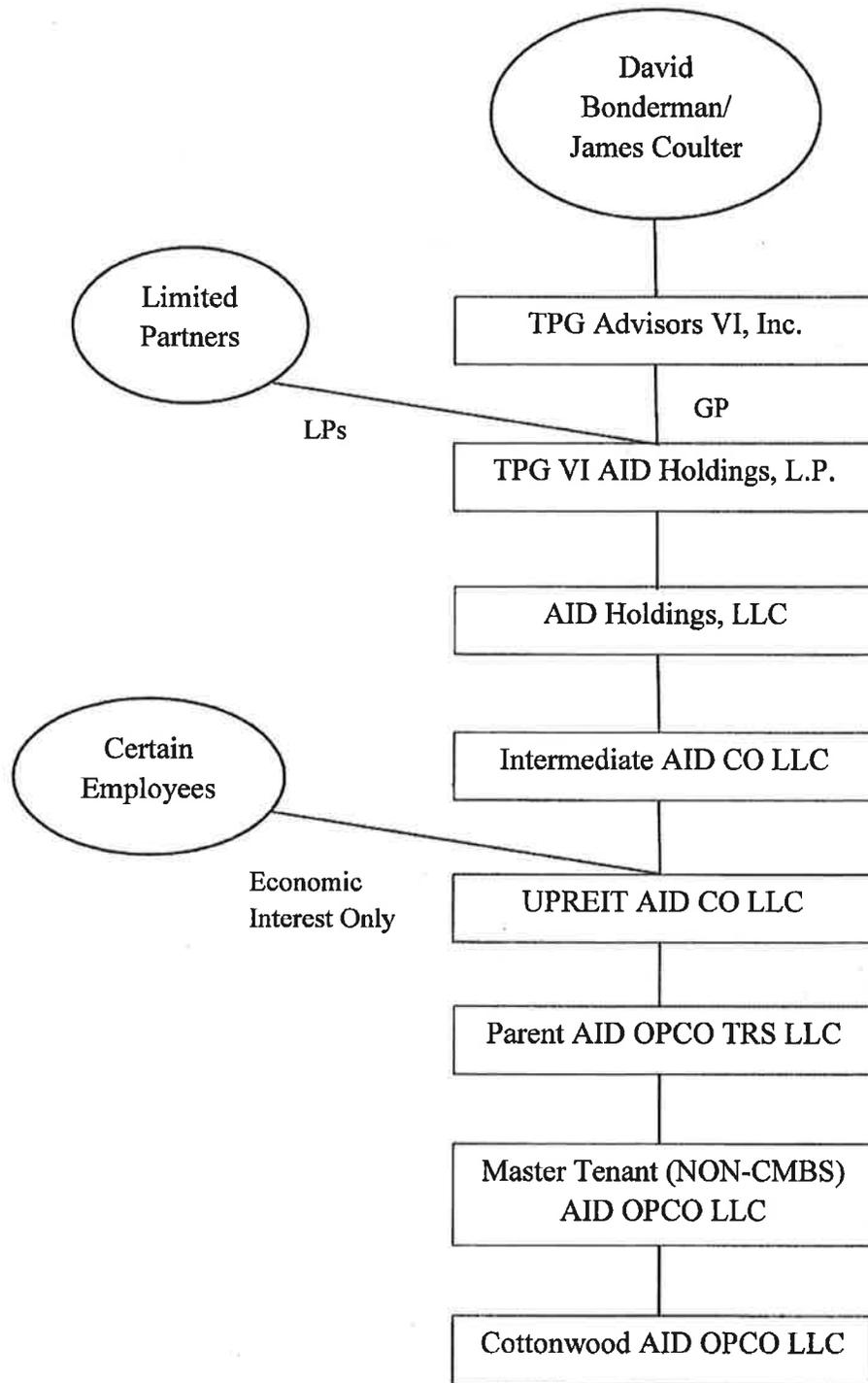
Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Cottonwood AID OPCO LLC

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Ownership/Control Attachment
Cottonwood Place



NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402948

Name of Facility: **Cottonwood Place**
Type of Facility: **Assisted Living**
Location: **3271 - 29th Avenue, Columbus**
Maximum Occupancy: **47 Beds**
Date Issued: **2/23/2015**

Approved By:

Inspected By: **8743 James Sloup**
Deputy State Fire Marshal

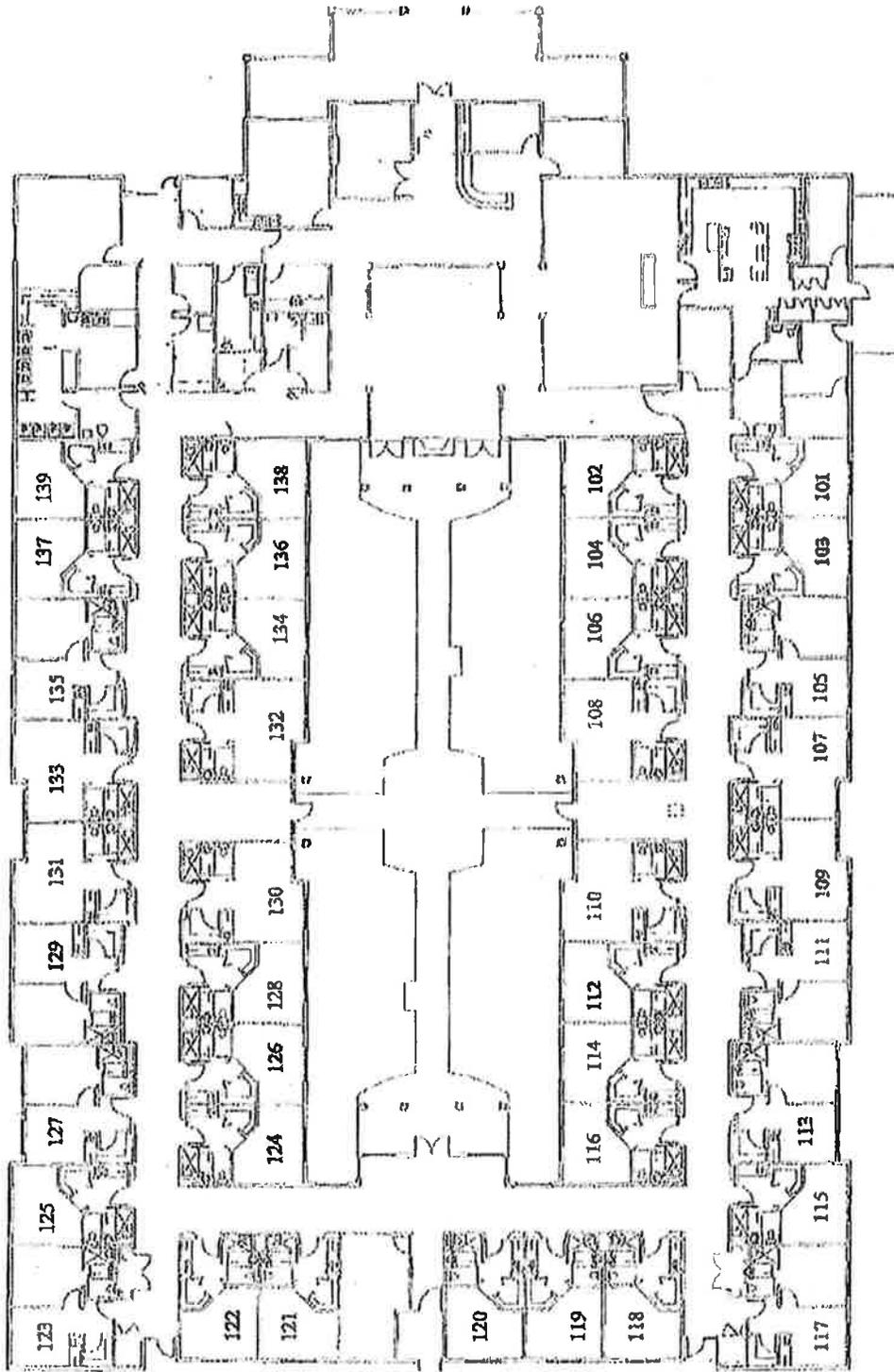


State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



Cottonwood Place - Columbus, Nebraska