



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF LEGAL AND REGULATORY SERVICES  
HEALTH FACILITIES ADMINISTRATION  
129 PLEASANT STREET, CONCORD, NH 03301  
**ANNUAL LICENSE CERTIFICATE**

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: LACONIA HOUSING & REDEV AUTHORITY  
Located at: 25 UNION AVENUE  
LACONIA NH 03246

To Operate: Home Health Care Provider

This annual license certificate is effective under the conditions and for the period stated below:

License#: 02865

Effective Date: 04/01/2022

Expiration Date: 03/31/2023

Administrator: CATHERINE BOWLER

A handwritten signature in black ink, appearing to read "Michael J. Flynn".

Chief Legal Officer