



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: 04/01/2023

Expiration Date: 03/31/2024

Administrator: CATHERINE BOWLER

RENEWED W/O INSPECTION PER RSA 151:6A

A handwritten signature in black ink, appearing to read "Michael D. Kelly".

Chief Legal Officer

