



State of Illinois

2046060

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/29/12		4000126
HOME NURSING AGENCY		

**COPY**

BUSINESS ADDRESS

**HOME BOUND HEALTHCARE, INC.**  
**1625 BETHANY ROAD**  
**SYCAMORE IL 60178**