



State of Illinois 2044215
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
08/31/12	072	2002863
FULL HOSPICE PROGRAM		

COPY

BUSINESS ADDRESS

HOME BOUND HEALTHCARE HOSPICE, LLC
14216 MCCARTHY ROAD
LEMONT IL 60439 9393

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