



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF REGULATION AND LICENSURE  
 SECTION FOR LONG-TERM CARE REGULATION

**AFFILIATE LIST – PARTNERSHIP**

ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME OF CORPORATION			
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**PART I - GENERAL PARTNERS**

NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF GENERAL INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE

**PART II - LIMITED PARTNERS**

NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
ADDRESS	CITY	STATE	ZIP CODE
NAME		% OF LIMITED INTEREST IN PARTNERSHIP	
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