



**NEW YORK STATE DEPARTMENT OF HEALTH
OPERATING CERTIFICATE**

I do hereby certify that pursuant to authority conferred by law this operating certificate has been issued on the 1st day of June, 2010

to **Water/Howard Associates, LLC**
to operate a **PRIVATE PROPRIETARY ENRICHED HOUSING PROGRAM
MAXIMUM CAPACITY: 84 RESIDENTS**

to be known as **Fredonia Place**

located at **50 Howard Street
Fredonia, NY 14063
Chautauqua County**

In accordance with the regulations promulgated and adopted by the Department of Health as the statute provides. Programs authorized by the operating certificate: ENRICHED HOUSING



In witness whereof, I have hereunto set my hand and affixed the official seal of the New York State Department of Health this 28th day of May, 2010.

MARK KISSINGER
Deputy Commissioner
Office of Long Term Care

Expiration Date: May 31, 2011

Number: 060-S-003

RICHARD F. DAINES, M.D.
Commissioner of Health