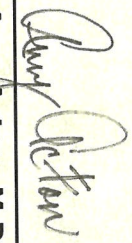


STATE OF OHIO  
OHIO DEPARTMENT OF HEALTH  
**RESIDENTIAL CARE FACILITY LICENSE**

Hereby issued in accordance with Chapter 3721. of the Ohio Revised Code and Chapter 3701-17 of the Ohio Administrative Code to:

**COUNTRY INN ENHANCED LIVING CENTER  
12651 ROAD 82  
PAULDING, OH**

Facility ID #: **2398R**  
Capacity: **48 Residents**  
Effective Date: **December 03, 2019**  
Operator: **APOSTOLIC CHRISTIAN COUNTRY VILLA**

In witness thereof \_\_\_\_\_  
  
**Amy Acton, M.D., MPH**  
**Director of Health**



This is a non-transferable license and must be posted in a conspicuous place in the facility.