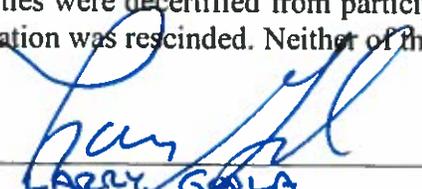


**§ 8.430.3.A(2)(b)(v): A STATEMENT REGARDING ANY PREVIOUS CONTRACTS WITH OR ENROLLMENT IN ANY STATE'S MEDICAID PROGRAM. THE STATEMENT SHALL ASSURE THAT THE APPLICANT HAS NEVER BEEN FOUND GUILTY OF FRAUD OR BEEN DECERTIFIED FROM PARTICIPATION IN THE MEDICAID PROGRAM IN COLORADO OR ANY OTHER STATE.**

I, as authorized representative of the applicant ManorCare Health Services, LLC, certify that none of the Applicant Facilities Under Common Ownership or Control has been decertified from participation in the Medicaid program in Colorado or any other state.

I, as authorized representative of the applicant ManorCare Health Services, LLC, certify that neither the Applicant entity nor its affiliates or subsidiaries have ever been convicted of program related fraud.

I, as the authorized representative of the applicant ManorCare Health Services, LLC, certify that during the past ten (10) years, only two nursing facilities out of a total of 283 corporate-related nursing facilities were decertified from participation in the Medicaid program, and in both cases the decertification was rescinded. Neither of these nursing facilities was located in Colorado.

Signed  V.P.  
LARRY GOSLA  
Date 6/6/14

Signed and acknowledged before me this 6<sup>th</sup> day of June 2014 by Carol Klein.

State of Maryland  
County of Howard

Witness my hand and official seal

My Commission Expires 8/12/2015 