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By CERTIFICATE OF NEED PROGRAM at 9:16 pm, Nov 29, 2021

Certificate of Need Application

Light Within Home Health

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and WAC 246-310, rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

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| Signature and Title of Responsible Officer Jihan Rashid Administrator  Email Address jihaan.rashid@gmail.com | Date 11/27/2021 Telephone 612-978-2495 |
| Legal Name of Applicant Light Within Home Health Agency, LLC Address of Applicant 9921 228 th Place Kent, WA 98031 | Provide a Brief Project Description <input checked="" type="checkbox"/> New Agency <input type="checkbox"/> Expansion of Existing Agency <input type="checkbox"/> Other _____ Estimated Capital Expenditure: \$0 |
| Identify the county proposed to be served for this project. Note: Each home health application must be submitted for one county only. If an applicant intends to obtain a Certificate of Need to serve more than one county, then an application must submit for each county separately. Light Within Home Health is requesting CN approval to operate a Medicare and Medicaid certified home health agency that serves residents in King County. | |