

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 296-2211

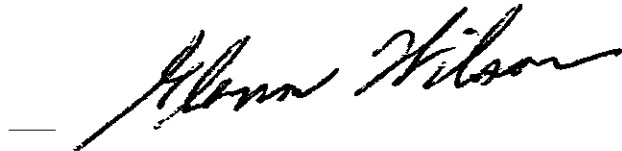
IN THE MATTER OF THE REGISTRATION OF:  
HOME CARE ASSISTANCE 1-866-4-LIVEIN F/A  
By HCAFRANCHISE CORPORATION

ORDER OF  
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.  
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements  
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be  
declared effective as of the date set forth below.



GLENN WILSON  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 500  
St Paul, MN 55101

Date: July 22, 2010  
dlw

JUN 24 2010

Rec'd \$ 400

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-6456  
(Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Application Fee: \$400.00

APPLICATION FOR (Check only one):

INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES

REGISTRATION RENEWAL APPLICATION OR ANNUAL REPORT

POST-EFFECTIVE AMENDMENT

PRE-EFFECTIVE MATERIAL AMENDMENT

*FME 12/31/10*

*EFF 7/22/10*

*N*

1. Name of Franchisor: **HCA Franchise Corporation**

2. Name of the franchise offering: **Home Care Assistance 1-866-4-LiveIn**

3. Franchisor's principal Business Address: **317 South 6<sup>th</sup> Street, Las Vegas, NV, 89101**

3. Name and address of Franchisor's agent in this State authorized to receive service of process:

**Minnesota Commissioner of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101-2198**

5. The states in which this application is or will be shortly on file:

**Minnesota**

6. Name, address, facsimile and telephone numbers, and e-mail address of person to whom communications regarding this application should be directed:

**Matthew J. Kreutzer, Esq.**  
**Armstrong Teasdale LLP**  
**317 S. 6<sup>th</sup> Street**  
**Las Vegas, NV 89101**  
**Phone: (702) 678-5070**  
**Fax: (702) 878-9995**  
**mkreutzer@armstrongteasdale.com**

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of **April 22, 2010** attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Executed at May, 27, 2010.

Franchisor:

HCA Franchise Corporation

By:  6/15/2010

Name: Lily Sarafan

Title: Chief Operating Officer

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