

85 7th Place East, Suite 500 St. Paul, Minnesete 55101-3165 www.commerce.state.mn.us 651.296.4026 FAX 651.297.1959 An equal opportunity employer

April 5, 2010

JIM BELL

155 WHITMAN HOLLOW ROAD WALHALLA, SO 29691

Re: F-5966

HOMEWELL SENIOR CARE INC HOMEWELL SENIOR CARE INC F/A

Dear Mr. Bell:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2010.

Sincerely,

GLENN WILSON Commissioner

By:

Daniel Sexton Commerce Analyst Supervisor Registration Division (651) 296-4520

GW:DES:dlw



## STATE OF MINNESOTA DEPARTMENT OF COMMERCE REGISTRATION DIVISION (651) 296-6328

IN THE MATTER OF THE REGISTRATION OF: HOMEWELL SENIOR CARE INC F/A
By HOMEWELL SENIOR CARE INC

ORDER AMENDING REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated June 25, 2008, is amended as of the date set forth below.

GLENN WILSON

Commissioner

Department of Commerce

85 7th Place East, Suite 500

Alenn Wilson

St Paul, MN 55101

Date: April 5, 2010





## Form A - Uniform Franchise Registration Application

## UNIFORM FRANCHISE REGISTRATION APPLICATION

	(Insert file number of immediately preceding filing of Applicant)
State:	Minnesota Fee: S300
APP	LICATION FOR (Check only one):
	INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
XX	RENEWAL APPLICATION OR ANNUAL REPORT
	PRE-EFFECTIVE AMENDMENT
	POST-EFFECTIVE MATERIAL AMENDMENT
1.	Full legal name of Franchisor: HomeWell Senior Care, Inc.
2.	Name of the franchise offering: HomeWell Senior Care
3.	Franchisor's principal business address:
	14419 Greenwood Ave N Suite E Seattle WA 98133
4.	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

5. The states in which this application is or will be shortly on file:
California, Minnesota. Rhode Island, South Dakota, Wisconsin, Washington, Virginia, Utah, Texas,
South Carolina, North Carolina, Michigan, Indiana, Illinois, Hawaii

4-5-10 A/r Amus 12/31 6-25-08

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