

85 7th Place East, Suite 500 St. Paul, Minnesote 55101-2198 www.commerce.state.mn.us 651.296.4026 FAX 651.297.1959 An equal opportunity employer

May 7, 2012

HAROLD KESTENBAUM GORDON & REES LLP 90 MERRICK AVENUE SUITE 601 EAST MEADOW. NY 11554

Re: F-5966

HOMEWELL SENIOR CARE INC HOMEWELL SENIOR CARE INC F/A

Dear Mr. Kestenbaum:

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, 2012.

Sincerely,

MIKE ROTHMAN Commissioner

By:

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

MR: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.

MIKE ROTHMAN
Commissioner
Department of Commerce
85 7th Place East, Suite 500

St Paul, MN 55101

Date: May 7, 2012



Form A - Uniform Franchise Registration Application



UNIFORM FRANCHISE REGISTRATION APPLICATION

State:_	Minnesota	(Insert file number of immediately preceding filing of Applicant) Fee: \$300	State of Minne Dept. of Common	
APPL	ICATION FOR (Check only one):			
	_ INITIAL REGISTRATION OF AN	OFFER AND SALE OF FRANCHISES		
X	REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT			
	PRE-EFFECTIVE AMENDMENT			
	_ POST-EFFECTIVE MATERIAL A	MENDMENT		
1.	Full legal name of Franchisor:			
	HomeWell Senior Care, Inc.			
2.	Name of the franchise offering:			
	HomeWell Senior Care			
3.	Franchisor's principal business addre	ess:		
	1100 Dexter Avenue North, Suite 100, Seattle, WA 98109			
4.	Name and address of Franchisor's agent in this State authorized to receive service of process:			
	Minnesota Commissioner of Commerce 85 7 th Place East, Suite 500 St. Paul, MN 55101	e ·		
5.	The states in which this application is or will be shortly on file:			
	CA, CT, FL, HI, IL, IN, KY, MD, MI, MN, NE, NY, NC, ND, RI, SC, SD, TX, UT, VA, WA, WI			
6.	Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:			
		ek Avenue, Suite 601, East Meadow, New York (516) 745-0293, E-mail: hkestenbaum@gordo	nrees.com	
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