



**NEW YORK STATE DEPARTMENT OF HEALTH  
OPERATING CERTIFICATE**

*I do hereby certify that pursuant to authority conferred by law this operating certificate has been issued on the 1st day of June, 2014*

*to* **Water/Howard Associates, LLC**

*to operate a* **PRIVATE PROPRIETARY ENRICHED HOUSING PROGRAM  
MAXIMUM CAPACITY: 84 RESIDENTS**

*to be known as* **Fredonia Place**

*located at* **50 Howard Street  
Fredonia, NY 14063  
Chautauqua County**

*In accordance with the regulations promulgated and adopted by the Department of Health as the statute provides. Programs authorized by the operating certificate: ENRICHED HOUSING*



In witness whereof, I have hereunto set my hand and affixed the official seal of the New York State Department of Health this 7th day of July, 2014.

**KEITH W. SERVIS**  
Deputy Director  
Office of Primary Care & Health  
Systems Management

**Expiration Date: May 31, 2018**

**Number: 060-S-003**

**HOWARD A. ZUCKER, M.D., J.D.**  
Acting Commissioner of Health