



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

September 15, 2015

REGULAR MAIL

Licensee, Twilight Inc.
Twilight Adult Family Home
PO Box 314
Mercer Island, WA 98040

Adult Family Home License #**525300**

LIFT CONDITIONS ON A LICENSE

Dear Licensee:

This letter is formal notice that the conditions placed on your license on **April 29, 2015** in a notice letter dated April 29, 2015, are lifted effective **September 15, 2015**.

If you have any questions, please call Bennetta Shoop, Field Manager, at (253) 234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Ogolsky".

Robert Ogolsky
Compliance Specialist
Residential Care Services

cc: Field Manager, Region 2, Unit E
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
Valentina Karnafel, HCS
HQ Central Files
ndl