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

November 24, 2015

REGULAR MAIL

Licensee, L@I Group LLC.
Hands of Friends
13412 89th Avenue NE
Kirkland, WA 98034

Adult Family Home License #**752689**

LIFT CONDITIONS ON A LICENSE

Dear Licensee:

This letter is formal notice that the conditions placed on your license on **September 14, 2015** in a notice letter dated September 14, 2015, are lifted effective **November 24, 2015**.

The conditions imposed on your license on October 22, 2015 in a notice letter dated October 22, 2015, will remain in effect.

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

Sincerely,

Dina Longen-Grimes, RN, MSN

Dina Longen-Grimes, RN, MSN
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