



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

January 31, 2005

Rachel Al Jallad
Turning Leaf Residential Rehabilitation Ser., Inc
P.O. Box 6310
East Lansing, MI 48826

RE: License #: AS330087735
Maple Cottage
621 E. Jolly Rd. #51
Lansing, MI 48910

Dear Ms. Al Jallad:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility. This addendum is written in response to your request in letters dated 8/23/2004 and 9/1/2004 to make the following changes with this facility license:

1. Change the name of the facility from Southland AFC # 51 to Maple Cottage (referenced in letter dated 8/23/2004).
2. Use the assumed name of Turning Leaf Residential Rehabilitation Services, Inc. for Southland Adult Rehabilitation / Behavioral System, Inc. and the above mailing address (referenced in letter dated 9/1/2004).

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Barbara Williams, Licensing Consultant
Office of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-0978

Enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS330087735

Licensee Name: Turning Leaf Residential Rehabilitation Ser.,
Inc

Licensee Address: P. O. Box 6310
East Lansing, MI 48826

Licensee Telephone #: (517) 393-5203

Administrator/Licensee Designee: Rachel Al Jallad, Designee

Name of Facility: Maple Cottage

Facility Address: 621 E. Jolly Rd. #51
Lansing, MI 48910

Facility Telephone #: (517) 393-5203

Capacity: 6

Program Type: TRAUMATICALLY BRAIN INJURED
MENTALLY ILL
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. Purpose of Addendum

In a letter dated 8/23/2004 the designated person requested to change the name of the facility from Southland AFC #51 to Maple Cottage. In a letter dated 9/1/2004 the designated person requested for Southland Adult Rehabilitation / Behavioral System, Inc. to use an assumed name of Turning Leaf Residential Rehabilitation Services, Inc.

III. Methodology

1. Review of the designated person's written request
2. Review of the Certificate of Assumed Name For use by Corporations, Limited Partnerships and Limited Liability Companies through the Michigan Department of Labor and Economic Growth.
3. Review of field file

IV. Description of Findings and Conclusions

This consultant reviewed the Certificate of Assumed Name document. The document was signed by the Licensee Designee, Rachel Al Jallad on 8/24/2004 and had a date stamp indicating that it was filed with the Administrator with the Bureau of Commercial Services on 8/25/2004. The assumed name for Southland Adult Rehabilitation / Behavioral System, Inc. was listed as Turning Leaf Residential Rehabilitation Services, Inc. The certificate indicated that the document is in effect until 12/31/2009.

Based on the information on the Certificate of Assumed Name and the designated person's written request, it is determined that the Licensee is allowed to do business as Turning Leaf Residential Rehabilitation Services, Inc. The facility is renamed Maple Cottage per the Licensee Designee's written request.

V. Recommendation

It is recommended that the Licensee, Southland Adult Rehabilitation / Behavioral System, Inc, be approved to use the assumed name of Turning Leaf Residential Rehabilitation Services, Inc.

Barbara Williams
Licensing Consultant

Date

