

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter
District Date U'/ AO XI
Name MOTIVE OFFICIAL PHEN License No. 5010
Address 304 (R = 10) 100 Mg 38/055
Center/Organization/Individual
Purpose 10C-F010W-Uf Director (1) 11M2 WUI(P)
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County Kafayldte Telephone No. Ula 234-4103
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Center Director/Designee/Individual  Child Care Representative  Child Care Representative