



*State of California*  
*Department of Social Services*

License Date: **06/23/2016**

Expiration Date: **06/23/2022**

Home Care Organization Number: **194700121**

In accordance with applicable provisions of the California Health and Safety Code and its rules and regulations;  
the California Department of Social Services, hereby issues

this License to  
**BERGER, INC.**

to operate and maintain the following Home Care Organization:

**Berger Inc DBA Accredited Home Care WLA**  
**10801 National Blvd. Ste 330**  
**Los Angeles, CA 90064**

This License is not transferable. Complaints regarding services provided by this Home Care Organization  
should be directed to the Home Care Services Bureau.

Pamela Dickfoss  
Deputy Director,  
Community Care Licensing Division

  
Home Care Services Manager

**POST IN CONSPICUOUS LOCATION**