# Certificate of Licensure

COPY

**Issued to:** CENTRAL PENNSYLVANIA RECOVERY ASSOCIATES LLC

**Facility No.:** 677051RH

**Type:** FULL

**THIS CERTIFICATE AUTHORIZES** CENTRAL PENNSYLVANIA RECOVERY ASSOCIATES, LLC
55 S RICHLAND AVE
YORK, PA 17404

**To Provide The Following Drug and Alcohol Activities**

Recovery House (7)

**Approval Date:** June 05, 2026

**Expiration Date:** May 31, 2027

Pennsylvania
Department of Drug and Alcohol Programs

*Latika Davis-Jones, PhD, MPH, MSW*
*Secretary of Drug and Alcohol Programs*

**NOTE: THIS CERTIFICATE OF APPROVAL IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERRABLE.**