



# Certificate of Licensure

Issued to: RESTORATIVE ROOTS WILKES-BARRE, LLC

**THIS CERTIFICATE AUTHORIZES**

RESTORATIVE ROOTS  
788 MAIN STREET  
EDWARDSVILLE, PA 18704

Facility No.: 407004RH

Type: FULL

To Provide The Following Drug and Alcohol Activities  
Recovery House (2)

Approval Date: January 01, 2026

Expiration Date: December 31, 2026



Pennsylvania  
**Department of Drug and  
Alcohol Programs**

A handwritten signature in black ink.

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.