

# Personal Care Home Invoice

PA Department of Human Services  
Bureau of Human Services Licensing  
Forum Place, 6th Floor  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675  
Phone: 717-783-3670 Fax: 717-783-5662

**Assessment #** SW001724  
**Invoice Date:** 2/13/2026  
**Due Date:** 3/1/2026  
**License Number:** 45081

**Bill To:**

EC OPCO Lakemont Farms LLC  
[REDACTED]  
[REDACTED]

Re: Celebration Villa of Lakemont Farms  
3275 Washington Pike  
Bridgeville, PA 15017

**Contact Name** [REDACTED]

| Fine/Appeal | Discription - 55 PA<br>Code § 2600 | Addl Assessment Fro | Addl Assessment To | Additional Assessment |
|-------------|------------------------------------|---------------------|--------------------|-----------------------|
|-------------|------------------------------------|---------------------|--------------------|-----------------------|

# Personal Care Home Invoice

|                       |  |        |
|-----------------------|--|--------|
| Total Current Charges |  | \$0.00 |
|-----------------------|--|--------|

Balance From Last Invoice: \$1,810.00  
Payments Since Last Invoice: \$0.00  
Total Current Charges: \$0.00  
Total Balance Due: \$1,810.00

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**Please remit this portion with payment to ensure proper credit**

EC OPCO Lakemont Farms LLC

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████████████████████

**Assessment #** SW001724

**Invoice Date:** 2/13/2026

**Due Date:** 3/1/2026

**License Number** 45081

Re: Celebration Villa of Lakemont Farms  
3275 Washington Pike  
Bridgeville, PA 15017

**Please make checks payable to:**  
**Commonwealth of Pennsylvania**  
**Bureau of Human Services Licensing**  
**Forum Place, 6th Floor**  
**PO Box 2675**  
**Harrisburg, Pennsylvania 17105-2675**

**Total Due**

**\$1,810.00**

**Payment Enclosed**

You can also pay by using SNAP PAY at <https://www.bpp.ob.pa.gov/Customer/PaymentForm>