



STATE OF MAINE

Department of Health & Human Services

# *Certificate of Approval*

## FAMILY CHILD CARE PROVIDER

This is to certify that the licensed entity named below is hereby granted this License in accordance with Maine law.

D:

SIEMIAN, SOLEH  
SIEMIAN, SOLEH  
TRUDE AVE  
AND ME 04103-

I.D. #: 645944

TYPE: FULL

EFFECTIVE FROM: 09/06/2015 TO 09/06/2017

CHILD CARE

CAPACITY 5 AGE 0 - 12 SEX Bot

A handwritten signature in cursive script, reading 'May C. Mayhew'.

Commissioner, Department of Health & Human Services