



**Missouri Division of Fire Safety
Elevator Safety Unit
P.O. Box 844
Jefferson City, MO 65102
573-751-2930**

**To: Wilshire Hills II, LP
Attn:
206 Peach Way
Columbla , MO 65205**

Elevator State Operating Certificate(s) shall be displayed in the elevator machine room, in a non-combustible frame. It is the responsibility of the owner, operator or lessee of the elevator equipment to post the State Operating Certificate. If State ID tag(s) is/are attached, please post the tag(s) on the controller of each unit, in the machine room.

If you have any questions or comments please contact us at 573-751-2930.

State Operating Certificate

Missouri Department of Public Safety
Elevator Safety Unit
205 Jefferson Street, Suite 1315
Mailing Address: P.O. Box 844
Jefferson City, MO 65102
(573) 751-2263



State ID:	21882
Inspection Date:	11/25/2014
Year Installed:	2014
Variance Date:	
Expiration Date	12/01/2015

Owner Name: Wilshire Hills II, LP
Owner Address: 206 Peach Way
Owner City: Columbla, MO 65205

Equipment ID: 21882
Equipment Type: Passenger-Hydraulic
Speed: 100
Inspector: Teresa Evans

Location Name: Wilshire Hills II Senior Housing
Location Address: 3360 NE Wilshire Dr.
Location City: Lees Summit, MO 64064

Location ID: New Senior Apartments
Manufacturer: Schindler
Capacity: 4500
Serial/Number: H5560

Comments:

This is to certify that the herein described equipment, duly conforms with the standards prescribed in the American Society of Mechanical Engineers, ASME A17.1, Safety Code for Elevators and Escalators, American National Standard Safety Code for Manlifts ANSI A90.1, American National Safety Code for Personnel Hoist ANSI A10.4 latest version adopted and amended by the Elevator Safety Rules and Regulations, RSMo 701.360 through 701.380 and 11 CSR 40-5.010 through 40-5.150 and may be operated at said location, not to exceed the speed and capacity listed above. This certificate is to be posted in the Mechanical Room, in a noncombustible frame with a clear protective vision plate over it.

Larry Watson

Deputy Chief Elevator Inspector



By: [Signature]

Acting State Fire Marshal