CHARLES H. FOLEY & ASSOCIATES INC.

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HAND DELIVERED

July 17, 2009

Mr. George Roate
Illinois Health Facilities and Services
   Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Project Number **09-030**, the <u>Addison</u>
      <u>Rehabilitation & Living Center</u>.

Dear George:

   In accordance with your request for completion of the above referenced project, I am enclosing the original conditions of debt financing letter. It is my understanding that this is the only item outstanding for you to deem this project substantially complete.

   Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

John P. Kniery
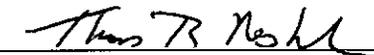Health Care Consultant

JPK
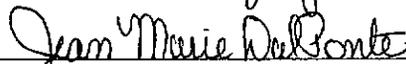
ENCLOSURES

Health Care Consulting

B.   Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:
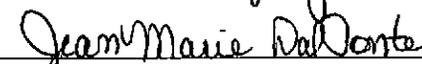
1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;

2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

Board Member or Officer
MANAGER

Board Member
MANAGER

Notarization:
Subscribed and sworn to me
this 14 day of July 2009

Signature of Notary

Seal

Notarization:
Subscribed and sworn before me
this 14 day of July 2009

Signature of Notary

Seal

OFFICIAL SEAL
JEAN MARIE DALPONTE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/26/11

ATTACHMENT 75