

Original
10-023

UNIVERSITY OF CHICAGO LAKE PARK

Change of Ownership CON Application

RECEIVED

APR 23 2010

HEALTH FACILITIES &
SERVICES REVIEW BOARD


July 2010


CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:


- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.


SIGNATURE
Kent J. Thiry
Chairman & CEO


SIGNATURE
Dennis L. Kogod
Chief Operating Officer

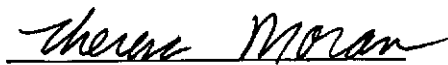
Notarization:
Subscribed and sworn to before me
this 24 day of MARCH, 2010


Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 24 day of MARCH, 2010


Signature of Notary

Seal



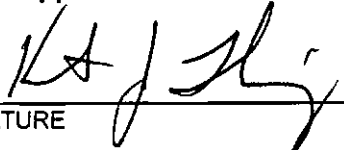
*Insert EXACT legal name of the applicant

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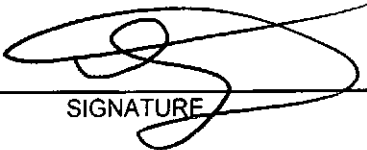
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- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
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This Application for Permit is filed on the behalf of **Total Renal Care Inc.*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

 Kent J. Thiry
PRINTED NAME

 Chairman & CEO
PRINTED TITLE


SIGNATURE

 Dennis L. Kogod
PRINTED NAME

 Chief Operating Officer
PRINTED TITLE

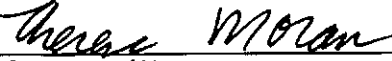
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Seal



*Insert EXACT legal name of the applicant

DMW

Healthcare Management and Marketing

April 19, 2010

Michael Constantino
Supervisor, Project Review
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Constantino:

RE: Change of Ownership CON Application
University of Chicago – Lake Park

We are enclosing a Certificate of Need (CON) application on behalf of DaVita Inc. and Total Renal Care Inc. (TRC) to acquire substantially all of the assets of the University of Chicago Medical Center's (UCMC's) dialysis center, University of Chicago –Lake Park. The 20-station in-center hemodialysis facility is located at 1531 Hyde Park Blvd. in Chicago (60615). The facility is located in Planning Area 6.

The Asset Purchase Agreement between TRC and UCMC includes the sale of two other outpatient dialysis facilities that are owned by UCMC, University of Chicago – Stony Island and University of Chicago –Woodlawn. Due to packaging considerations, each of the three (3) CON applications is being sent under separate cover.

The initial fee deposit for this CON application is included in the University of Chicago – Woodlawn CON application in Check No. 3384533 for \$5,000.00.

Thank you for your consideration of this important matter.

Sincerely,



Delia M. Wozniak
President

Enclosure

CC: Kelly Ladd
Group Director
DaVita Inc. - Chicago

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | | |
|--------------------|-----------------------------------|------------------------|-------------------------|
| Facility Name: | University of Chicago – Lake Park | | |
| Street Address: | 1531 Hyde Park Boulevard | | |
| City and Zip Code: | Chicago, Illinois 60615 | | |
| County: | Cook | Health Service Area: 6 | Health Planning Area: 6 |

Co-Applicant Identification (Parent)

[Provide for each co-applicant [refer to Part 1130.220].

| | |
|----------------------------------|---|
| Exact Legal Name: | DaVita Inc. |
| Address: | 601 Hawaii Street, El Segundo, California 90245 |
| Name of Registered Agent: | - |
| Name of Chief Executive Officer: | Kent Thiry |
| CEO Address: | 601 Hawaii Street, El Segundo, California 90245 |
| Telephone Number: | (310) 792-2600 Ext. 2100 |

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership

| | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/> | Non-profit Corporation | <input type="checkbox"/> | Partnership | |
| <input checked="" type="checkbox"/> | For-profit Corporation | <input type="checkbox"/> | Governmental | |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |

Corporations and limited liability companies must provide an Illinois certificate of good standing.
 Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

| | |
|-------------------|--|
| Name: | Kelly Ladd |
| Title: | Group Director |
| Company Name: | DaVita Inc.- Chicago |
| Address: | 2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647 |
| Telephone Number: | (773) 276-2380, Ext. 29 |
| E-mail Address: | Kelly.Ladd@davita.com |
| Fax Number: | (773) 276-4176 |

Additional Contact

[Person who is also authorized to discuss the application for permit]

| | |
|-------------------|---|
| Name: | Delia M. Wozniak |
| Title: | President |
| Company Name: | DMW and Associates, Inc. |
| Address: | 3716 N. Bernard Street, Chicago, Illinois 60618 |
| Telephone Number: | (773) 279-0458 |
| E-mail Address: | deliawoz@comcast.net |
| Fax Number: | (773) 279-0473 |

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | | |
|--------------------|-----------------------------------|------------------------|-------------------------|
| Facility Name: | University of Chicago – Lake Park | | |
| Street Address: | 1531 Hyde Park Boulevard | | |
| City and Zip Code: | Chicago, Illinois 60615 | | |
| County: | Cook | Health Service Area: 6 | Health Planning Area: 6 |

Co-Applicant Identification (Operating Entity)

[Provide for each co-applicant [refer to Part 1130.220].

| | |
|----------------------------------|---|
| Exact Legal Name: | Total Renal Care Inc. |
| Address: | 601 Hawaii Street, El Segundo, California 90245 |
| Name of Registered Agent: | - |
| Name of Chief Executive Officer: | Kent Thiry |
| CEO Address: | 601 Hawaii Street, El Segundo, California 90245 |
| Telephone Number: | (310) 792-2600 Ext. 2100 |

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| <input checked="" type="checkbox"/> | For-profit Corporation | <input type="checkbox"/> | Governmental | |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |

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| E-mail Address: | deliawoz@comcast.net |
| Fax Number: | (773) 279-0473 |

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

| | |
|-------------------|--|
| Name: | Kelly Ladd |
| Title: | Group Director |
| Company Name: | DaVita Inc. - Chicago |
| Address: | 2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647 |
| Telephone Number: | (773) 276-2380 Ext. 29 |
| E-mail Address: | Kelly.Ladd@davita.com |
| Fax Number: | (773) 276-4176 |

Site Ownership

[Provide this information for each applicable site]

| | |
|--|---|
| Exact Legal Name of Site Owner: | American National Bank & Trust Co. of Chicago Trustee for Trust #20960 |
| Address of Site Owner: | c/o The Habitat Company 405 N. Wabash Avenue, Chicago, IL 60611 |
| Street Address or Legal Description of Site: | 1531 Hyde Park Boulevard, Chicago, IL 60615 |

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

| | | |
|--|---|--------------------------------|
| Exact Legal Name: | Total Renal Care Inc. | |
| Address: | 601 Hawaii Street, El Segundo, California 90245 | |
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois certificate of good standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. | | |

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements NOT APPLICABLE

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements NOT APPLICABLE

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

| | |
|---|--|
| <p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p> | <p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p> |
|---|--|

2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

| Clinical Service Areas | Establish | Expand | Modernize | Discontinue | No. of Beds, Stations or Key Rooms |
|---|--------------------|--------|-----------|-------------|------------------------------------|
| Medical/Surgical, Obstetric, Pediatric and Intensive Care | | | | | |
| Acute/Chronic Mental Illness | | | | | |
| Neonatal Intensive Care | | | | | |
| Open Heart Surgery | | | | | |
| Cardiac Catheterization | | | | | |
| In-Center Hemodialysis | ACQUISITION | | | | 20 ESRD Stations |
| Non-Hospital Based Ambulatory Surgery | | | | | |
| General Long Term Care | | | | | |
| Specialized Long Term Care | | | | | |
| Selected Organ Transplantation | | | | | |
| Kidney Transplantation | | | | | |
| Subacute Care Hospital Model | | | | | |
| Post Surgical Recovery Care Center | | | | | |
| Children's Community-Based Health Care Center | | | | | |
| Community-Based Residential Rehabilitation Center | | | | | |
| Long Term Acute Care Hospital Bed Projects | | | | | |
| Clinical Service Areas Other Than Categories of Service: | | | | | |
| • Surgery | | | | | |
| • Ambulatory Care Services (organized as a service) | | | | | |
| • Diagnostic & Interventional Radiology/Imaging | | | | | |
| • Therapeutic Radiology | | | | | |
| • Laboratory | | | | | |
| • Pharmacy | | | | | |
| • Occupational Therapy | | | | | |
| • Physical Therapy | | | | | |
| • Major Medical Equipment | | | | | |
| Freestanding Emergency Center Medical Services | | | | | |
| Master Design and Related Projects | | | | | |
| Mergers, Consolidations and Acquisitions | ACQUISITION | | | | 20 ESRD Stations |

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

NARRATIVE DESCRIPTION

Total Renal Care Inc. (TRC), a wholly-owned subsidiary of DaVita Inc., proposes to acquire substantially all of the assets of the University of Chicago Medical Center's (UCMC) 20-station outpatient hemodialysis facility known as University of Chicago – Lake Park, which is located at 1531 Hyde Park Boulevard in Chicago, Illinois (60615) in Planning Area 6.

The proposed Purchase Agreement between TRC and UCMC includes the sale and purchase of all of UCMC's chronic dialysis assets, and includes the following three outpatient hemodialysis facilities as well as its Home Dialysis Program:

University of Chicago – Woodlawn, 1164 E. 55th Street in Chicago (60615)
University of Chicago – Lake Park, 1531 Hyde Park Blvd. in Chicago (60615)
University of Chicago – Stony Island, 8721 S. Stony Island in Chicago (60617)
University of Chicago – Home Programs

The total proposed purchase price for the transaction is \$27.8 million. The price of the various entities is as follows based on a discounted cash flow analysis:

| | |
|--|---------------------------|
| University of Chicago – Woodlawn | \$2,219,856 |
| University of Chicago – Lake Park | \$2,677,026 |
| University of Chicago – Stony Island | \$13,959,013 |
| University of Chicago – Home Programs | <u>\$8,944,105</u> |
| Total | \$27,800,000 |

Total Renal Care Inc. (TRC) will assume the lease of 8,085 rentable gross square feet (gsf) for the 20-station hemodialysis facility. The acquisition does not involve modernization at this time.

Upon acquisition the facility will be known as Total Renal Care Inc. d/b/a Lake Park Dialysis.

The change in ownership is expected to take place within one month of permit issuance. Certification is expected within two (2) months of acquisition but no later than December 31, 2010. The project completion date is June 30, 2011.

The estimated total project cost is \$3,784,934, including the fair market value (FMV) of leased space which is \$1,047,008 based on \$129.50 per gross square foot (gsf) for 8,085 gsf.

Project costs will be funded entirely from cash and securities by DaVita Inc. DaVita Inc. will also fund the all working capital estimated to be four months' operating expenses and the initial operating deficit.

The project is Non-Substantive per Section 1110.40(b) as the project is solely for a "Change of Ownership." The project is considered a Class B project due to its project cost.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

| Project Costs and Sources of Funds | | | |
|--|------------------------|--------------|------------------------|
| USE OF FUNDS | CLINICAL | NON-CLINICAL | TOTAL |
| Preplanning Costs | \$8,400 | - | \$8,400 |
| Site Survey and Soil Investigation | - | - | - |
| Site Preparation | - | - | - |
| Off Site Work | - | - | - |
| New Construction Contracts | - | - | - |
| Modernization Contracts | - | - | - |
| Contingencies | - | - | - |
| Architectural/Engineering Fees | - | - | - |
| Consulting and Other Fees | \$52,500 | - | \$52,500 |
| Movable or Other Equipment (not in construction contracts) | - | - | - |
| Bond Issuance Expense (project related) | - | - | - |
| Net Interest Expense During Construction (project related) | - | - | - |
| Fair Market Value of Leased Space | FMV \$1,047,008 | - | FMV \$1,047,008 |
| Other Costs To Be Capitalized | - | - | - |
| Acquisition of Dialysis Assets | \$2,677,026 | - | \$2,677,026 |
| TOTAL USES OF FUNDS | \$3,784,934 | - | \$3,784,934 |
| SOURCE OF FUNDS | CLINICAL | NON-CLINICAL | TOTAL |
| Cash and Securities | \$2,737,926 | - | \$2,737,926 |
| Pledges | - | - | - |
| Gifts and Bequests | - | - | - |
| Bond Issues (project related) | - | - | - |
| Mortgages | - | - | - |
| Leases (fair market value) | FMV \$1,047,008 | - | FMV\$1,047,008 |
| Governmental Appropriations | - | - | - |
| Grants | - | - | - |
| Other Funds and Sources | - | - | - |
| TOTAL SOURCES OF FUNDS | \$3,784,934 | - | \$3,784,934 |

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTI-AL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

* The fair market value (FMV) of the leased space is \$129.50/gsf.
Therefore, the FMV of the 8,085 gsf to be leased is \$1,047,008. See Attachment 7B.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project Yes No

Purchase Price: \$ _____

Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary

Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2011

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
- Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits (See Attachment 7D)

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

| Dept. / Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|----------------------|------|-------------------|----------|---|------------|-------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| CLINICAL | | | | | | | |
| Medical Surgical | | | | | | | |
| Intensive Care | | | | | | | |
| Diagnostic Radiology | | | | | | | |
| MRI | | | | | | | |
| Total Clinical | | | | | | | |
| NON CLINICAL | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| Total Non-clinical | | | | | | | |
| TOTAL | | | | | | | |

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the inventory will result in the application being deemed **incomplete**.

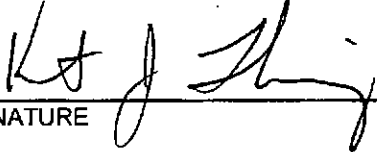
| FACILITY NAME: | | CITY: | | | |
|---------------------------------------|------------------------|-------------------|---------------------|--------------------|----------------------|
| REPORTING PERIOD DATES: | | From: | to: | | |
| Category of Service | Authorized Beds | Admissions | Patient Days | Bed Changes | Proposed Beds |
| Medical/Surgical | | | | | |
| Obstetrics | | | | | |
| Pediatrics | | | | | |
| Intensive Care | | | | | |
| Comprehensive Physical Rehabilitation | | | | | |
| Acute/Chronic Mental Illness | | | | | |
| Neonatal Intensive Care | | | | | |
| General Long Term Care | | | | | |
| Specialized Long Term Care | | | | | |
| Long Term Acute Care | | | | | |
| Other ((identify) | | | | | |
| TOTALS: | | | | | |

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

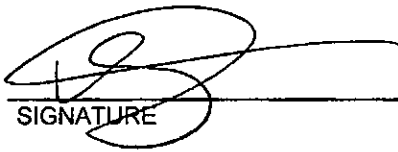
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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SIGNATURE
Kent J. Thiry

Chairman & CEO




SIGNATURE
Dennis L. Kogod

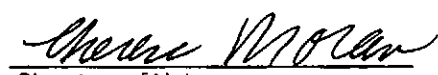
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 24 day of MARCH, 2010


Notarization:
Subscribed and sworn to before me
this 24 day of MARCH, 2010



Signature of Notary



Signature of Notary

Seal


Seal


*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Total Renal Care Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Kent J. Thiry
 SIGNATURE
Kent J. Thiry
 PRINTED NAME
Chairman & CEO
 PRINTED TITLE

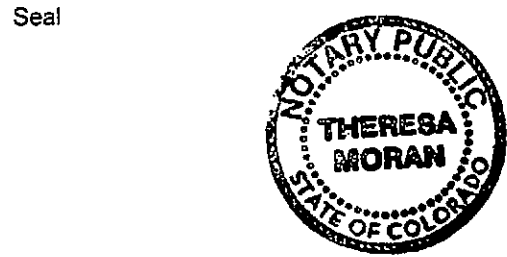
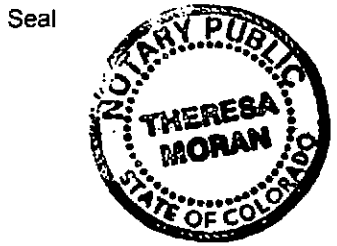
Dennis L. Kogod
 SIGNATURE
Dennis L. Kogod
 PRINTED NAME
Chief Operating Officer
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 24 day of MARCH, 2010

Notarization:
Subscribed and sworn to before me this 24 day of MARCH, 2010

Theresa Moran
Signature of Notary

Theresa Moran
Signature of Notary



*Insert EXACT legal name of the applicant

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

B. Criterion 1110.240(c), Access

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
 - a. the location (town and street address);
 - b. the number of beds;
 - c. a list of services; and
 - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Section IX. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. **If no is indicated, submit the most recent three years' audited financial statements including the following:**

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

| Provide Data for Projects Classified as: | Category A or Category B (last three years) | | | Category B (Estimated) |
|--|---|-------------|-------------|------------------------|
| | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2012</u> |
| Enter Historical and/or Projected Years: | | | | |
| Current Ratio | 1.8 | 1.8 | 2.2 | 2.2 |
| Net Margin Percentage | 7.3% | 6.6% | 6.9% | 7.2% |
| Percent Debt to Total Capitalization | 38.0% | 41.8% | 37.5% | 34.6% |
| Projected Debt Service Coverage | 3.1 | 2.8 | 3.0 | 4.9 |
| Days Cash on Hand | 35 | 30 | 36 | 71 |
| Cushion Ratio | 1.7 | 1.4 | 2.0 | 6.4 |

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

DAVITA INC. (a)

**AUDITED HISTORIC VIABILITY RATIOS
(DOLLARS IN 000'S)**

| <u>RATIOS</u> | <u>CY 2007</u> | <u>CY 2008</u> | <u>CY 2009</u> |
|--|-----------------------|-----------------------|-----------------------|
| <u>Current Ratio</u> | | | |
| <u>Current Assets</u> | <u>1,976,250</u> | <u>2,128,304</u> | <u>2,302,521</u> |
| <u>Current Liabilities</u> | <u>1,086,496</u> | <u>1,163,063</u> | <u>1,046,941</u> |
| <u>Equals</u> | <u>1.8</u> | <u>1.8</u> | <u>2.2</u> |
| <u>Net Margin Percentage</u> | | | |
| <u>Net Income</u> | <u>381,778</u> | <u>374,160</u> | <u>422,684</u> |
| <u>Net Operating Revenue</u> | <u>5,264,151</u> | <u>5,660,173</u> | <u>6,108,800</u> |
| <u>Time 100 Equals</u> | <u>7.3%</u> | <u>6.6%</u> | <u>6.9%</u> |
| <u>Debt Service Coverage</u> (See calculations, next page) | | | |
| <u>Net Income+Dep+Int+Amort</u> | <u>817,968</u> | <u>806,021</u> | <u>827,770</u> |
| <u>Principal + Interest</u> | <u>266,151</u> | <u>287,669</u> | <u>276,107</u> |
| <u>Equals</u> | <u>3.1</u> | <u>2.8</u> | <u>3.0</u> |
| <u>Debt Capitalization Ratio</u> (See calculations, next page) | | | |
| <u>Long Term Debt (b)</u> | <u>3,707,318</u> | <u>3,695,146</u> | <u>3,632,224</u> |
| <u>Long Term Debt +</u> <u>Equity (c)</u> | <u>9,744,094</u> | <u>8,838,034</u> | <u>9,686,127</u> |
| <u>Equals</u> | <u>38.0%</u> | <u>41.8%</u> | <u>37.5%</u> |
| <u>Days Cash on Hand</u> | | | |
| <u>Cash</u> | <u>447,046</u> | <u>410,881</u> | <u>539,459</u> |
| <u>Operating Expense-Depreciation (d)</u> | <u>4,688,903</u> | <u>5,069,096</u> | <u>5,457,130</u> |
| <u>Divided by 365 days/year</u> | <u>12,846</u> | <u>13,888</u> | <u>14,951</u> |
| <u>Equals</u> | <u>35 days</u> | <u>30 days</u> | <u>36 days</u> |
| <u>Cushion Ratio</u> | | | |
| <u>Cash</u> | <u>447,046</u> | <u>410,881</u> | <u>539,459</u> |
| <u>Maximum Annual Debt Service</u> | <u>266,151</u> | <u>287,669</u> | <u>276,107</u> |
| <u>Equals</u> | <u>1.7</u> | <u>1.4</u> | <u>2.0</u> |

DAVITA INC. (a)

**AUDITED HISTORIC VIABILITY RATIOS
COMPUTATIONS: DOLLARS IN 000'S**

| | <u>CY2007</u> | <u>CY2008</u> | <u>CY2009</u> |
|---|-------------------|-------------------|-------------------|
| <u>DEBT COVERAGE RATIO</u> | | | |
| Net Income | 381,778 | 374,160 | 422,684 |
| Depreciation / Amortization | 193,470 | 216,917 | 228,986 |
| Interest | <u>242,720</u> | <u>214,944</u> | <u>176,100</u> |
| Total | 817,968 | 806,021 | 827,770 |
| Divided By: | | | |
| Principal | 23,431 | 72,725 | 100,007 |
| Interest | <u>242,720</u> | <u>214,944</u> | <u>176,100</u> |
| Total | 266,151 | 287,669 | 276,107 |
| Equals | <u>3.1</u> | <u>2.8</u> | <u>3.0</u> |
| <u>DEBT CAPITALIZATION RATIO</u> | | | |
| Long Term Debt (b) | 3,707,318 | 3,695,146 | 3,632,224 |
| Divided By: | | | |
| Long Term Debt | 3,707,318 | 3,695,146 | 3,632,224 |
| Equity (c) | <u>6,036,776</u> | <u>5,142,888</u> | <u>6,053,903</u> |
| Total | 9,744,094 | 8,838,034 | 9,686,127 |
| Equals | <u>38.0%</u> | <u>41.8%</u> | <u>37.5%</u> |
| <u>DAYS CASH ON HAND</u> | | | |
| Cash | 447,046 | 410,881 | 539,459 |
| Divided By: | | | |
| Net Revenue | 5,264,151 | 5,660,173 | 6,108,800 |
| <u>Minus Net Income</u> | <u>- 381,778</u> | <u>-374,160</u> | <u>- 422,684</u> |
| Total Operating Expenses | 4,882,373 | 5,286,013 | 5,686,116 |
| <u>Minus Depreciation</u> | <u>-193,470</u> | <u>-216,917</u> | <u>-228,986</u> |
| Subtrahend | 4,688,903 | 5,069,096 | 5,457,130 |
| ÷ 365 = Expenses/Day | 12,846 | 13,888 | 14,951 |
| Equals | <u>34.80 days</u> | <u>29.59 days</u> | <u>36.08 days</u> |
| <u>CUSHION RATIO</u> | | | |
| Cash & LOC | 447,046 | 410,881 | 539,459 |
| Divided By: | | | |
| Principal | 23,431 | 72,725 | 100,007 |
| Interest | <u>242,720</u> | <u>214,944</u> | <u>176,100</u> |
| Total | 266,151 | 287,669 | 276,107 |
| Equals | <u>1.7</u> | <u>1.4</u> | <u>2.0</u> |

NOTES:

- (a) Total Renal Care Inc. (TRC), Renal Treatment Centers, Inc. and Renal Life Link Inc. (RLL) are wholly-owned subsidiaries of DaVita Inc.
- (b) Long term debt includes the current portion on the long term debt.
- (c) Equity is defined by market equity and is the number of shares outstanding at the closing price on the last trading day of the calendar year.
- (d) Operating expenses exclude equity investment losses/gains.

SOURCES: DaVita Inc., Audited Financial Statements, Annual Reports, Form 10-K, for the years ended December 31, 2006– 2009.

For Illinois CON Reporting
12/31/2009

| DaVita Inc. | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010E | 2011E | 2012E | Illinois Standard |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|
| Current Ratio | 1.97 | 1.67 | 1.54 | 1.82 | 1.83 | 2.20 | 2.20 | 2.20 | 2.20 | >1.5 |
| Net Margin Percentage | 10.21% | 7.69% | 5.94% | 7.25% | 6.61% | 6.92% | 7.17% | 7.17% | 7.17% | >3.5% |
| Percent Debt to Total Capitalization | 26.08% | 44.62% | 38.67% | 38.05% | 41.81% | 37.50% | 35.06% | 34.64% | 34.64% | <80% |
| Projected Debt Service Coverage | 3.43 | 2.33 | 2.56 | 3.07 | 2.80 | 3.00 | 3.31 | 3.61 | 4.94 | >1.75 |
| Days Cash on Hand | 49.13 | 59.96 | 25.63 | 34.80 | 29.59 | 36.08 | 46.11 | 58.58 | 71.05 | >45 |
| Cushion Ratio | 2.43 | 2.09 | 1.09 | 1.68 | 1.43 | 1.95 | 2.78 | 3.85 | 6.40 | >5.00 |

SUPPORTING CALCULATIONS:

| | | | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Current Ratio: | | | | | | | | | | |
| Current Assets | 668,720 | 1,654,408 | 1,709,496 | 1,976,250 | 2,128,304 | 2,302,521 | 2,302,521 | 2,302,521 | 2,302,521 | 2,302,521 |
| Current Liabilities | 441,735 | 989,733 | 1,112,172 | 1,086,496 | 1,163,063 | 1,046,941 | 1,046,941 | 1,046,941 | 1,046,941 | 1,046,941 |
| Current Ratio | 1.97 | 1.67 | 1.54 | 1.82 | 1.83 | 2.20 | 2.20 | 2.20 | 2.20 | 2.20 |
| Net Margin Percentage: | | | | | | | | | | |
| Net Income | 222,254 | 228,643 | 289,691 | 381,778 | 374,160 | 422,684 | 470,227 | 470,227 | 470,227 | 470,227 |
| Net Revenues | 2,177,330 | 2,973,918 | 4,880,662 | 5,264,151 | 5,660,173 | 6,108,800 | 6,554,805 | 6,554,805 | 6,554,805 | 6,554,805 |
| Net Margin Percentage | 10.21% | 7.69% | 5.94% | 7.25% | 6.61% | 6.92% | 7.17% | 7.17% | 7.17% | 7.17% |
| Percent Debt to Total Capitalization: | | | | | | | | | | |
| Total Long Term Debt | 1,375,832 | 4,157,202 | 3,751,251 | 3,707,318 | 3,695,146 | 3,632,224 | 3,544,724 | 3,479,099 | 3,479,099 | 3,479,099 |
| Equity* | 3,900,000 | 5,160,000 | 5,950,000 | 6,036,776 | 5,142,888 | 6,053,903 | 6,564,648 | 6,564,648 | 6,564,648 | 6,564,648 |
| Percent Debt to Total Capitalization | 26.08% | 44.62% | 38.67% | 38.05% | 41.81% | 37.50% | 35.06% | 34.64% | 34.64% | 34.64% |
| Projected Debt Service Coverage: | | | | | | | | | | |
| Net Income | 222,254 | 228,643 | 289,691 | 381,778 | 374,160 | 422,684 | 470,227 | 470,227 | 470,227 | 470,227 |
| Depreciation/Amortization | 82,912 | 116,836 | 173,295 | 193,470 | 216,917 | 228,986 | 230,740 | 230,740 | 230,740 | 230,740 |
| Interest Expense | 50,324 | 134,429 | 262,967 | 242,720 | 214,944 | 176,100 | 178,107 | 178,107 | 178,107 | 178,107 |
| Available Funds | 355,490 | 479,908 | 725,953 | 817,968 | 806,021 | 827,770 | 879,075 | 879,075 | 879,075 | 879,075 |
| Interest Expense and principal payments | 103,688 | 206,196 | 283,838 | 266,151 | 287,669 | 276,107 | 265,607 | 243,732 | 178,107 | 178,107 |
| Projected Debt Service Coverage | 3.43 | 2.33 | 2.56 | 3.07 | 2.80 | 3.00 | 3.31 | 3.61 | 4.94 | 4.94 |
| Days Cash on Hand: | | | | | | | | | | |
| Cash and Investments | 251,979 | 431,811 | 310,202 | 447,046 | 410,881 | 539,459 | 739,459 | 939,459 | 1,139,459 | 1,139,459 |
| Net Revenue | 2,177,330 | 2,973,918 | 4,880,662 | 5,264,151 | 5,660,173 | 6,108,800 | 6,554,805 | 6,554,805 | 6,554,805 | 6,554,805 |
| Net Income | 222,254 | 228,643 | 289,691 | 381,778 | 374,160 | 422,684 | 470,227 | 470,227 | 470,227 | 470,227 |
| Operating Expense | 1,955,076 | 2,745,275 | 4,590,971 | 4,882,373 | 5,286,013 | 5,686,116 | 6,084,578 | 6,084,578 | 6,084,578 | 6,084,578 |
| Less Dep/Amort | 82,912 | 116,836 | 173,295 | 193,470 | 216,917 | 228,986 | 230,740 | 230,740 | 230,740 | 230,740 |
| Operating Expense Net of Dep/Amort | 1,872,164 | 2,628,439 | 4,417,676 | 4,688,903 | 5,069,096 | 5,457,130 | 5,853,837 | 5,853,837 | 5,853,837 | 5,853,837 |
| Days Cash on Hand | 49.13 | 59.96 | 25.63 | 34.80 | 29.59 | 36.08 | 46.11 | 58.58 | 71.05 | 71.05 |
| Cushion Ratio: | | | | | | | | | | |
| Total Cash | 251,979 | 431,811 | 310,202 | 447,046 | 410,881 | 539,459 | 739,459 | 939,459 | 1,139,459 | 1,139,459 |
| Interest Expense and Principal payments | 103,688 | 206,196 | 283,838 | 266,151 | 287,669 | 276,107 | 265,607 | 243,732 | 178,107 | 178,107 |
| Cushion Ratio | 2.43 | 2.09 | 1.09 | 1.68 | 1.43 | 1.95 | 2.78 | 3.85 | 6.40 | 6.40 |

*Equity as defined by market equity. Market equity = shares outstanding * closing price at last trading day of calendar year.

For forecasting: Assume constant market capitalization, based on the closing share price as of 3/3/10.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

B. Criterion 1120.210(b), Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$2,737,926 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

FMV \$1,047,008

Debt Financing (indicate type(s) Space Lease in Attachment 75(3) and FMV of the Shell Space in Attachment 7B.

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

_____ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\$3,784,934 TOTAL FUNDS AVAILABLE

C. Criterion 1120.210(c), Operating Start-up Costs

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

SECTION X. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

A. Criterion 1120.310(a), Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, 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:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

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.

B. Criterion 1120.310(c), Reasonableness of Project and Related Costs

Read the criterion and provide the following: **NOT APPLICABLE**

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

| COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE | | | | | | | | | | | |
|---|-------------------------|------|----------------------|--------|-----------------------|--------|----------------------|--------------------|---|---|--------------------------|
| Department (list below) | A | B | C | | D | | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | Circ.* | Const. \$ (A x C) | Mod. \$ (B x E) | | | |
| | | | | | | | | | | | |
| Contingency | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | |

* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

F. Criterion 1120.310(f), Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT -76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SAFETY NET IMPACT STATEMENT that describes all of the following:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

INDEX OF ATTACHMENTS

**UNIVERSITY OF CHICAGO – LAKE PARK
CHANGE OF OWNERSHIP CON APPLICATION**

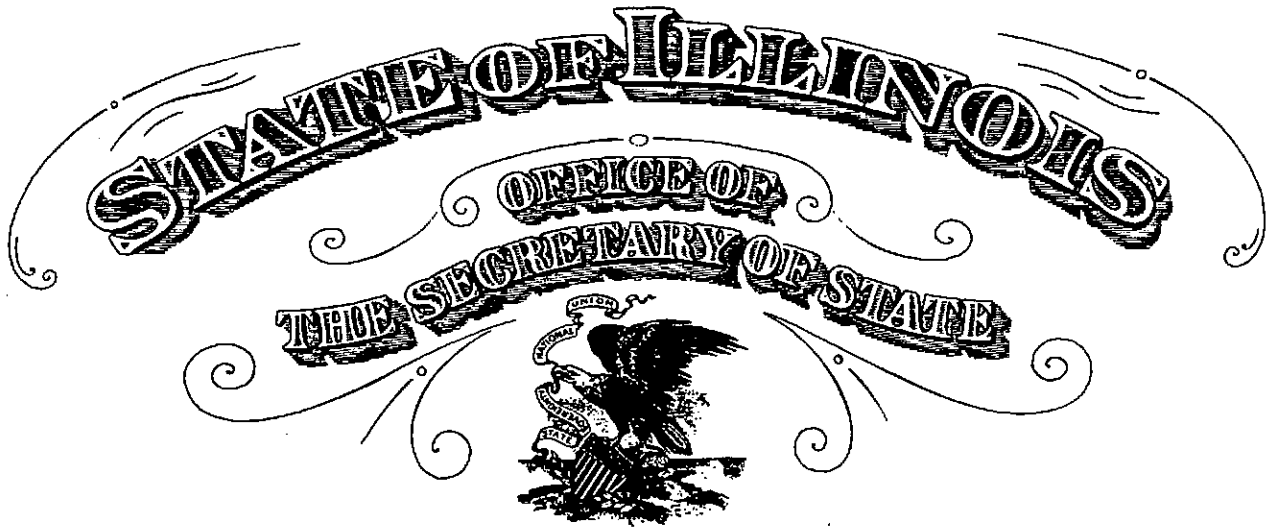
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| 15 | Unfinished or Shell Space | - |
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| 20 | Service Demand – Establishment of Category of Service | - |
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| 22 | Service Accessibility – Service Restrictions | - |
| 23 | Unnecessary Duplication/Maldistribution | - |
| 24 | Category of Service Modernization | - |
| 25 | Staffing Availability | - |
| 26 | Assurances | - |
| | Service Specific: | |
| 27 | Comprehensive Physical Rehabilitation | - |
| 28 | Neonatal Intensive Care | - |
| 29 | Open Heart Surgery | - |
| 30 | Cardiac Catheterization | - |
| 31 | In-Center Hemodialysis | - |
| 32 | Non-Hospital Based Ambulatory Surgery | - |
| | General Long Term Care: | |
| 33 | Planning Area Need | - |
| 34 | Service to Planning Area Residents | - |
| 35 | Service Demand-Establishment of Category of Service | - |
| 36 | Service Demand-Expansion of Existing Category of Service | - |
| 37 | Service Accessibility | - |
| 38 | Description of Continuum of Care | - |
| 39 | Components | - |
| 40 | Documentation | - |
| 41 | Description of Defined Population to be Served | - |
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| 43 | Documentation Related to Cited Problems | - |
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| 48 | Documentation | - |
| 49 | Utilization | - |
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| 52 | Community Related Functions | - |
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| 57 | Kidney Transplantation | - |
| 58 | Subacute Care Hospital Model | - |
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Attachment Financials - See CON applications ##10-009/10-010. 154

* The symbol " " indicates that a section is not applicable.

** Attachment 7 also includes documentation of the FMV of the space (7B); a copy of the letter of intent to purchase assets (7C); and documentation of the status of previously approved CONs/COEs (7D.)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1004202498

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2010

Jesse White

SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2010.

2391269 8300

100141076

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7811432

DATE: 02-15-10

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ATTACHMENT 1
Page 2 of 2

SITE OWNERSHIP

| | |
|--|---|
| Exact Legal Name of Site Owner: | American National Bank & Trust Co. of Chicago Trustee for Trust #20960 |
| Address of Site Owner: | c/o The Habitat Company 405 N. Wabash Avenue, Chicago, IL 60611 |
| Street Address or Legal Description of Site: | 1531 Hyde Park Boulevard, Chicago, IL 60615 |

DaVita Inc. (Parent)
and
Total Renal Care Inc. (Operating Entity)

ORGANIZATIONAL STRUCTURE

DaVita Inc. owns 100% of the following entities:

Renal Life Link Inc.;
Physician Dialysis Inc.;
DVA Renal Healthcare Inc. (formerly Gambro);
Renal Treatment Centers Inc.;
Total Renal Care Inc.;
The DaVita Collection Inc.; and
DaVita Village Health Inc.

Please see Attachment 3A for major subsidiaries of these entities.
Please see Attachment 3B for organizational chart for Illinois facilities.

- 1. LLC (NAMS Dialysis Ventures III, LLC - 10% Renal Treatment Centers - California, In- 50%)
- 2. San Diego Springs Dialysis, LLC (Renal Treatment Centers - California, In- 100%)
- 3. Ocala Springs Dialysis, LLC (Renal Treatment Centers - California, In- 100%)
- 4. Ocala-Riverdale, LLC (Renal Treatment Centers - California, In- 60% NAMS Dialysis Ventures, LLC - 40%)
- 5. BK Grove Dialysis Center, LLC (Knox Ochsberg/Green Koenig, M.D. - 33% Rabey/Mallambrato, M.D. - 16% Renal Treatment Centers - California, In- 51%)
- 6. Fullerton Dialysis Center, LLC (Renal Treatment Partnership In- 40% Renal Treatment Centers - California, In- 60%)
- 7. Irvine Dialysis Center, LLC (Renal Treatment Centers - California, In- 60% Jonathan/Hadest, M.D. - 20% Jacob Ashback, M.D. - 20%)
- 8. Long Beach Dialysis Center, LLC (Renal Treatment Centers - California, In- 50% JAY/RAJ Enterprises, LLC - 10%)
- 9. Hayward Dialysis Center, LLC (Vasu Konde, M.D. - 25% Robert Pabstman, M.D. - 20% Renal Treatment Centers - California, In- 55%)
- 10. Ontario Dialysis Center, LLC (Renal Treatment Centers - California, In- 100%)
- 11. Ontario Dialysis, LLC (Renal Treatment Centers - California, In- 100%)
- 12. Riverside County Home PD Program, LLC (Renal Treatment Centers - California, In- 100%)
- 13. Riverside Dialysis Center, LLC (Siddiqui dialysis Services, Inc. - 40% Renal Treatment Centers - California, In- 60%)
- 14. Tucson Dialysis Center, LLC (NAMS Partners - 30% Renal Treatment Centers - California, In- 10% Renal Investment Partners/In- 20%)
- 15. Renal Treatment Centers - Illinois, Inc. (Renal Treatment Centers, Inc. - 100%)
- 16. Chicago Township Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 17. Springfield Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100% nephrology Partners of Sandusky, Inc. - 20%)
- 18. Commerce Township Dialysis Center, LLC (Hamm Valley Dialysis, LLC - 35% Commerce Dialysis, LLC - 10% Renal Treatment Centers - Illinois, Inc. - 55%)
- 19. St. Leger/Diabetes Dialysis, LLC (Hemed Dialysis Center of St. Leger/Diabetes In- 40% Renal Treatment Centers - Illinois, Inc. - 60%)
- 20. South Lincoln Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 21. Annapolis Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 22. Gross Pointe Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 23. Central Iowa Dialysis Partners, LLC (Mahendra Patel, M.D. - 20% Renal Treatment Centers - Illinois, Inc. - 60% Brook Investments, LLC - 20%)
- 24. Central Kentucky Dialysis Center, LLC (Mahendra Patel, M.D. - 20% Renal Treatment Centers - Illinois, Inc. - 60% Brook Investments, LLC - 20%)
- 25. Chesterfield Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 60% Lenoir JV LLC - 40%)
- 26. Chicago Heights Dialysis, LLC (Chicago Heights Royal Care, LLC - 40% Renal Treatment Centers - Illinois, Inc. - 51%)
- 27. Dialysis of Des Moines, LLC (Renal Treatment Centers - Illinois, Inc. - 51% Dialysis of Georgia, LLC - 49%)
- 28. Dialysis of Northern Illinois, LLC (Footprint Nephrology Partners, Ltd. - 40% Renal Treatment Centers - Illinois, Inc. - 60%)
- 29. Downriver Centers, Inc. (Renal Treatment Centers - Illinois, Inc. - 100%)
- 30. East Dearborn Dialysis, LLC (Johny Enterprises, LLC - 40% Renal Treatment Centers - Illinois, Inc. - 60%)
- 31. Honey Center of Michigan, LLC (Renal Treatment Centers - Illinois, Inc. - 90% Michigan Dialysis Partners, LLC - 10%)
- 32. Lawrenceburg Dialysis, LLC (Bepp, Inc. - 36% Renal Treatment Centers - Illinois, Inc. - 60% Papillon, Inc. - 20%)
- 33. Louisville Dialysis Centers, LLC (Renal Treatment Centers - Illinois, Inc. - 85% Abdul G. Burdell, M.D. - 15%)
- 34. Lincoln Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 35. Rochester Dialysis Center, LLC (Renal Treatment Centers - Illinois, Inc. - 60% Rochester Dialysis Partners, LLC - 30% Michigan Dialysis Partners, LLC - 10%)
- 36. St. Clair Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 37. JTC - Indiana, LLC (Renal Treatment Centers - Illinois, Inc. - 50% Total Renal Care, Inc. - 10%)
- 38. Westview Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 39. Watson Dialysis, LLC
- 40. Princeton Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 41. Northwest Ohio Home Dialysis, LLC (Renal Treatment Centers - Illinois, Inc. - 100%)
- 42. Renal Treatment Centers - Mid-Atlantic, Inc. (Renal Treatment Centers, Inc. - 100%)
- 43. Wyckoff Dialysis, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 100%)
- 44. Aberdeen Dialysis, LLC (Nephrology Investments of Aberdeen, LLC - 60% Renal Treatment Centers - Mid-Atlantic, Inc. - 40%)
- 45. Annapolis Treatment Centers of Potosi, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 20% Ock LLC - 80%)
- 46. Barab Dialysis, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 90% Quality Kidney Care, LLC - 10%)
- 47. Central Georgia Dialysis, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 70% Maryland Business Holdings, LLC - 30%)
- 48. Delta Therapist, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 50% YSI Holding Company, LLC - 40%)
- 49. Delta Therapist-Alpha Beach, LLC (TKS, Virginia Beach Holding Company, LLC - 40% Renal Treatment Centers - Mid-Atlantic, Inc. - 60%)
- 50. Dialysis of North Atlanta, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 100%)
- 51. North Atlanta Dialysis Center, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 100%)
- 52. Peninsula Dialysis Center, Inc. (Renal Treatment Centers - Mid-Atlantic, Inc. - 70% Total Renal Care, Inc. - 21%)
- 53. Southwest Atlanta Dialysis Centers, LLC (Renal Treatment Centers - Mid-Atlantic, Inc. - 70%)
- 54. Squigly Dialysis, LLC (Quality Kidney Care, LLC - 30% Renal Treatment Centers - Mid-Atlantic, Inc. - 70%)
- 55. Tri-City Dialysis Center, Inc. (Renal Treatment Centers - Mid-Atlantic, Inc. - 100%)
- 56. Renal Treatment Centers - Northeast, Inc. (Renal Treatment Centers, Inc. - 100%)
- 57. Blooms Dialysis, LLC (North Royal Group, LLC - 20% Renal Treatment Centers - Northeast, Inc. - 70% Riddits Memorial Hospital - 10%)
- 58. Renal Treatment Centers - West, Inc. (Renal Treatment Centers, Inc. - 100%)
- 59. Hudsonian Dialysis, LLC (Knox Nephrology Associates, P.A. - 50% Renal Treatment Centers - West, Inc. - 50%)
- 60. Reynolds Central Dialysis, LLC (Andrew J. Sturge, M.D. - 52% Roberto A. Schumacher, M.D. - 52% Renal Care, M.D. - 7.93% Sunquanta Beak, M.D. - 6.81% McSmith Gosh Harmon, M.D. - 5.23% Kirk A Duncan, M.D. - 7.93% Renal Treatment Centers - West, Inc. - 61.68%)
- 61. Delta Dialysis Center, LLC (Renal Treatment Centers - West, Inc. - 50% Red River Valley Dialysis, LLC - 45%)
- 62. North Colorado Springs Dialysis, LLC (Renal Treatment Centers - West, Inc. - 100%)
- 63. Dallas Dialysis, LLC (Renal Treatment Centers - West, Inc. - 100%)
- 64. Brighton Dialysis Center, LLC (Western Nephrology & Metabolic Bone Dis- 40% Renal Treatment Centers - West, Inc. - 60%)
- 65. Durango Dialysis Center, LLC (Renal Treatment Centers - West, Inc. - 95% Mark Sandler, M.D. - 5%)
- 66. Greenwood Dialysis, LLC (Renal Treatment Centers - West, Inc. - 85% Greenwood Investment Group, LLC - 15%)
- 67. Hockley Dialysis, LLC (Hockley Investment Group, LLC - 22.5% Robert M. Goid, M.D. - 5% Renal Treatment Centers - West, Inc. - 72.5%)
- 68. Rocky Mountain Dialysis Services, LLC (DHP Investment, LLC - 45% Renal Treatment Centers - West, Inc. - 51%)
- 69. Sierra Ross Dialysis Center, LLC (Renal Treatment Centers - West, Inc. - 100%)
- 70. Southcross Dialysis, LLC (Southcross Ventures, LLC - 40% Renal Treatment Centers - West, Inc. - 60%)
- 71. Southern Hills Dialysis Center, LLC (SHDC, LLC - 40% Renal Treatment Centers - West, Inc. - 60% Psychodans Investment Group I, LLC - 40%)
- 72. Sun City Dialysis Center, LLC (John N. VEC, Inc. - 7.5% Ann M. Arif, M.D., P.C. - 7.5% Arup Rai, M.D. - 25% Renal Treatment Centers - West, Inc. - 60%)
- 73. Tulsa Dialysis, LLC (Sajjala Ventures, LLC - 30.77% Greenwood Investment Group, LLC - 50% Renal Treatment Centers - West, Inc. - 60.23%)
- 74. Annapolis Treatment Centers - Midwest, Inc. (Renal Treatment Centers - West, Inc. - 100%)
- 75. Total Renal Care, Inc. (DNRs, Inc. - 100%)
- 76. West Bromfield Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 77. Leopot Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 78. Hixson Valley Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 79. Blackfoot Dialysis Partners, LLC (Total Renal Care, Inc. - 100%)
- 80. Madock Bridge Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 81. Pine Star Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 82. Northwest Tucson Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 83. J.E.T. New Orleans East Dialysis, LLC (Total Renal Care, Inc. - 100%)

DaVita Inc.-Illinois Organization Chart

| | | | | | | | | | |
|---|--|---|---|--|--|---|--|--|--|
| VillageHealth DM, LLC | Total Renal Care, Inc. Archway Acutis | RMS Lifeline Inc. Lifeline - Alstip - IL | DVA Renal Healthcare, Inc. Alton Dialysis | Renal Treatment Centers- Illinois, Inc. Churchview Dialysis | Renal Life Link, Inc. Benton Dialysis | Lincoln Park Dialysis Services, Inc. Great Lakes Acute | Dialysis of Northern Illinois, LLC Rock River Acutes | Chicago Heights Dialysis, LLC Chicago Heights Dialysis | Total Nephrology Care Network Medical Associates, PC |
| DaVita VillageHealth Division Office RMS Disease Management | DNP Regional Office East DNVO-Peoria HRH/DPD IL DNVO-Vandalia Dialysis - IL Emerald Dialysis (fka Hyde Park Quarry Center) Emerald Dialysis PD (fka Hyde Park PD) Hearland (NC) Region 01 - Chicago Fire (fka Great Lakes & Skyline Region) Barrington Creek Dialysis Big Oaks Dialysis Lake County Dialysis Lake County PD Logan Square Dialysis Services Monticore Dialysis Center (aka Belmont Ave) Olympia Fields At Home Olympia Fields Dialysis Olympia Fields PD Palos Park Dialysis West Lawn Dialysis | Lifeline - MP Budget Center Lifeline - Rockford - IL Lifeline - Rolling Meadows (A) - IL Lifeline - Rolling Meadows (B) - IL Lifeline - Woodridge - IL (aka DuPage A) Lifeline Divisional Office | Central Illinois Acutes Decatur East Wood at Home Decatur East Wood Dialysis Effingham At Home Effingham Dialysis Illini At Home Jacksonville Dialysis Lincoln Dialysis Litchfield Dialysis Macon County Dialysis Mattison Dialysis Rushville Dialysis Springfield Central At Home Springfield Central Dialysis Springfield Montvale Dialysis Star Catchers Region 02 Office Star Catchers Region 04 Office Taylorville Dialysis | Dixon Kidney Center DNVO-Lake Villa PD - IL Freeport Dialysis Granite City At Home Granite City Dialysis Center Kankakee County Dialysis Kankakee County Dialysis PD Lake Villa at Home Lake Villa Dialysis Littis Village at Home (Chicago) Little Village Dialysis (Chicago) Little Village PD Maryville At Home Maryville Dialysis Maryville Dialysis PD Mt Greenwood PD Mt. Greenwood At Home Mt. Greenwood Dialysis Rockford Dialysis Sauget Dialysis (fka East St. Louis Dialysis Center) | Beverly Dialysis Centralia Dialysis Markon At Home Marion Dialysis Metro East At Home Metro East Dialysis Mount Vernon At Home Mount Vernon Dialysis Ohey Dialysis Center (fka Good Samaritan Hospital) Southern Illinois Acute Stony Creek Dialysis | Kennedy Home Dialysis At Home Lincoln Park Dialysis fka Lincoln Park Nephrology Skyline Home Dialysis (fka Lincoln Park PD) | Roxbury At Home Roxbury Dialysis Sycamore at Home Sycamore Dialysis (aka DeKalb) | Chicago Heights PD | |
| | Wayne County Dialysis (fka Fairfield) | | | Whiteside Dialysis | | | | | |

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DaVita Inc.-Illinois Organization Chart

| | | | | | | | | |
|---------------------------|----------------------|---------------------------------|----------------|--|----------------------|---------------------------------------|------------------------|------------------------|
| Kidney Care Services, LLC | Joliet Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DaVita PA, LLC | DaVita Nephrology Medical Associates of Illinois, P.C. | Quincy Dialysis, LLC | Lifeline Vascular Access Network, LLC | Lockport Dialysis, LLC | Robinson Dialysis, LLC |
|---------------------------|----------------------|---------------------------------|----------------|--|----------------------|---------------------------------------|------------------------|------------------------|

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NARRATIVE DESCRIPTION

Total Renal Care Inc. (TRC), a wholly-owned subsidiary of DaVita Inc., proposes to acquire substantially all of the assets of the University of Chicago Medical Center's (UCMC) 20-station outpatient hemodialysis facility known as University of Chicago – Lake Park, which is located at 1531 Hyde Park Boulevard in Chicago, Illinois (60615) in Planning Area 6.

The proposed Purchase Agreement between TRC and UCMC includes the sale and purchase of all of UCMC's chronic dialysis assets. Please refer to Attachment 7C for the acquisition letter of intent (LOI) which includes the following three outpatient hemodialysis facilities as well as its Home Dialysis Program:

- University of Chicago – Woodlawn, 1164 E. 55th Street in Chicago (60615)
- University of Chicago – Lake Park, 1531 Hyde Park Blvd. in Chicago (60615)
- University of Chicago – Stony Island, 8721 S. Stony Island in Chicago (60617)
- University of Chicago – Home Programs

The total proposed purchase price for the transaction is \$27.8 million. The price of the various entities is as follows based on a discounted cash flow analysis:

| | |
|---------------------------------------|--------------------|
| University of Chicago – Woodlawn | \$2,219,856 |
| University of Chicago – Lake Park | \$2,677,026 |
| University of Chicago – Stony Island | \$13,959,013 |
| University of Chicago – Home Programs | <u>\$8,944,105</u> |
| Total | \$27,800,000 |

Total Renal Care Inc. (TRC) will assume the lease of 8,085 rentable gross square feet (gsf) for the 20-station hemodialysis facility (see Attachment 75(3) for the lease agreement.) The acquisition does not involve modernization at this time.

Upon acquisition the facility will be known as Total Renal Care Inc. d/b/a Lake Park Dialysis.

The change in ownership is expected to take place within one month of permit issuance. Certification is expected within two (2) months of acquisition but no later than December 31, 2010. The project completion date is June 30, 2011.

The estimated total project cost is \$3,784,934, including the fair market value (FMV) of leased space which is \$1,047,008 based on \$129.50 per gross square foot (gsf) for 8,085 gsf (see Attachment 7B for the FMV of the space to be leased.)

Project costs will be funded entirely from cash and securities by DaVita Inc. DaVita Inc. will also fund the all working capital estimated to be four months' operating expenses and the initial operating deficit.

The project is Non-Substantive per Section 1110.40(b) as the project is solely for a "Change of Ownership." The project is considered a Class B project due to its project cost.

OTHER PROJECT COSTS
University of Chicago – Lake Park

| <u>Area</u> | <u>Amount</u> | <u>Basis for Estimate</u> |
|--|--------------------|---|
| PREPLANNING | | |
| CON Fee | \$8,400 | Regulation |
| CONSULTING & OTHER FEES | | |
| CON Consulting | \$22,500 | Agreement |
| Legal | <u>\$30,000</u> | DaVita Estimate |
| | \$52,500 | |
| FAIR MARKET VALUE OF LEASED SPACE | | |
| | FMV \$1,047,008 | Buyer's Opinion of Value (BOV) See Attachment 7B |
| ACQUISITION OF ASSETS | \$2,677,026 * | Letter of Intent to Purchase See Attachment 7C |
| TOTAL PROJECT COST | <u>\$3,784,934</u> | |

* The proposed Purchase Agreement between TRC and UCMC includes the sale and purchase of all of UCMC's chronic dialysis assets, and includes the following three outpatient hemodialysis facilities as well as its Home Dialysis Program:

University of Chicago – Woodlawn, 1164 E. 55th Street in Chicago (60615)
University of Chicago – Lake Park, 1531 Hyde Park Blvd. in Chicago (60615)
University of Chicago – Stony Island, 8721 S. Stony Island in Chicago (60617)
University of Chicago – Home Programs

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| University of Chicago – Home Programs | <u>\$8,944,105</u> |
| Total | \$27,800,000 |



USI Real Estate Brokerage Services, Inc.
Broker Opinion of Value
March 8, 2010

GOAL: Determine fair market sale price for similar type properties in the Chicago market

SUBJECT
PROPERTY: 8721 S. Stony Island Chicago, IL 60617
1531 Hyde Park Blvd. Chicago, IL 60617
1164 E. 55th Street Chicago, IL 60615

CURRENT COMPS: See following page

MARKET
RANGE: We found several medical buildings in the Chicago market that have recently sold and the buildings are trading between \$115 - \$144.00 per square foot. We are not seeing appreciation currently but do see some declining prices for medical buildings. True prices depend on building conditions and leasing rates which were not available for this report. The selling prices go down as the size goes up. The closer we got to University of Chicago Hospital the tighter the supply. There are some medical buildings for sale in the 60617 area but nothing that we found that closed except for new construction. We compared buildings which were all medical only.

CONCLUSION: Based on a comparison of the characteristics (as described above) of the Subject Property to the Comparable Properties, the **Fair Market Sales Range** for 8721 S. Stony Island Chicago, IL 60617, 1531 Hyde Park Blvd. Chicago, IL 60617 and 1164 E. 55th Street Chicago, IL 60615 is between \$115.00 and \$144.00 PSF.

PREPARED BY: McLennan Commercial John Steffens

Subject Property



8721 S. Stony Island Chicago, IL 60617

| | |
|------------------------|-----------|
| Building Class / Type: | C |
| Total Building Size: | 22,586 SF |
| Year Built: | 1973 |

| | |
|---------------|----------|
| DaVita Space: | 9,336 SF |
|---------------|----------|

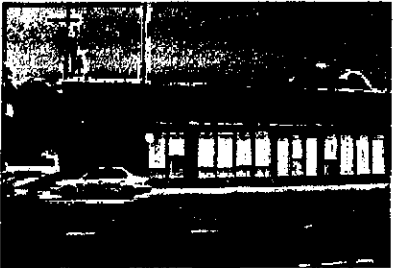
Subject Property



1531 Hyde Park Blvd. Chicago, IL 60617

| | |
|------------------------|-----------|
| Building Class / Type: | B |
| Total Building Size: | 66,000 SF |
| Year Built: | 1969 |

| | |
|---------------|----------|
| DaVita Space: | 8,085 SF |
|---------------|----------|



1164 E. 55th Street Chicago, IL 60615

| | |
|------------------------|-------------|
| Building Class / Type: | C |
| Total Building Size: | 11,000 est. |
| Year Built: | 1973 est. |

| | |
|---------------|----------|
| DaVita Space: | 8,110 SF |
|---------------|----------|

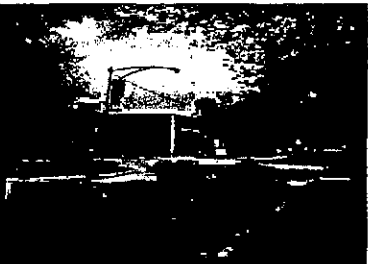
Comparables Properties



1531 Hyde Park Blvd. Chicago, IL 60617

| | |
|------------------------|------------|
| Building Class / Type: | B |
| Total Building Size: | 144,000 SF |
| Year Built: | 1973 |

Sold 09/26/2005 for \$5,250,000 or \$136.21 PSF



3410 W. Van Buren St. Bethany Professional Building

Building type: B single story medical

Building Size: 23,500

Year Built: 2002

Sold 12/22/2009 for \$3,400,000 \$144.68 PSF

2450 N. Central Ave Chicago, IL 60608



Building Class/Type: B Healthcare

Total Building Size: 65,008 SF

Year Built: 1970 est.

Sold on 09/24/2009 for 7,491,500 \$115.24 PSF

Market Summary

The fair market selling price for buildings is \$115 - \$144.00 PSF.

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March 9, 2010

Ms. Carolyn S. Wilson
Chief Operating Officer & Associate Dean
The University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, IL 60637

Re: Full (100%) Asset Acquisition of Dialysis Centers and Programs from The University of Chicago Medical Center

Dear Ms. Wilson:

This letter of intent will serve to express our mutual understandings with respect to a proposed transaction pursuant to which DaVita Inc. or one of its subsidiaries ("DaVita") will acquire from The University of Chicago Medical Center ("Hospital"), substantially all of the assets (the "Assets") of Hospital's renal dialysis centers, including a home hemodialysis program, listed on Exhibit A attached hereto (each, a "Center" and, collectively, the "Centers").

The intention to consummate the transaction described herein (the "Transaction") is subject to the following terms and conditions:

1. **Purchase Price.** Subject to further due diligence, the purchase price for the Assets shall be Twenty Seven Million Eight Hundred Thousand Dollars (\$27,800,000) (the "Purchase Price"), which shall be payable in cash at the closing of the Transaction (the "Closing"). Notwithstanding the foregoing, but subject to DaVita's acceptance of the relevant Medicare provider number and agreement, five percent (5%) of the Purchase Price shall be placed in an escrow account by DaVita pending final settlement and adjudication of all open and unsettled Medicare cost reports and/or credit balance reports relating to the Centers for the period prior to the Closing (the "Holdback"). Subject to DaVita's final due diligence review, the Holdback will be released to Hospital on the following schedule: Five Hundred Thousand Dollars (\$500,000) on the first anniversary of the Closing; Five Hundred Thousand Dollars (\$500,000) on the second anniversary of the Closing; and the remainder upon final settlement and adjudication of all open and unsettled Medicare cost reports and/or credit balance reports relating to the Centers for the period prior to the Closing.

2. **Assets.** The Assets to be acquired by DaVita at the Closing will include all of the tangible and intangible assets which comprise or are used or are held for use in connection with the operation of the business at the Centers (the "Dialysis Business"), including, without limitation, all real property leasehold rights, improvements, furniture, fixtures, equipment, supplies, the "Inventory Amount" (as defined in Paragraph 10(g)

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below), claims and rights under contracts and leases to be assigned to DaVita as set forth below, patient lists, copies of patient files and records, telephone numbers during a transition period, trade secrets, other proprietary rights or intellectual property, goodwill, Medicare and Medicaid provider numbers and agreements (unless DaVita shall elect, within ninety (90) days after the date of this letter of intent, but in its sole discretion, not to accept them), and, to the extent permitted by law, all permits, licenses and other rights held by Hospital with respect to the ownership or operation of any or all of the Dialysis Business, and all of Hospital's books and records to the extent relating to the foregoing, in each case, regardless of whether they are on Hospital's or a related party's books (collectively, the "Assets"). Notwithstanding the foregoing, "Assets" shall not include any rights or property (real, personal or intellectual) related to or arising from clinical research activities other than clinical research information contained in patient files and records. All of the Assets shall be transferred to DaVita free and clear of all liens, claims and encumbrances. The parties acknowledge that the peritoneal dialysis cyclers currently used by patients in Hospital's home dialysis program are leased from a third party. At or prior to the Closing, Hospital shall, in consultation with DaVita, either obtain any necessary consents for the assignment to DaVita of such leased equipment or terminate such leases. Notwithstanding the foregoing, the Assets will not include cash, accounts receivable, contracts and leases that are not to be assigned to DaVita as set forth below, and inventory and supplies disposed of from the date hereof until Closing in the ordinary course of business consistent with past practice.

3. **Liabilities.** Except for obligations arising on or after the Closing Date under contracts assigned to DaVita, DaVita will not assume any of Hospital's Liabilities (as defined below), including, without limitation, any Liabilities arising out of the operation of the Dialysis Business (or any part thereof) or the ownership or use of any of the Assets prior to the Closing Date. "Liabilities" means any and all claims, lawsuits, liabilities, obligations and debts of any kind or nature whatsoever, including without limitation, (a) all malpractice, tort or breach of contract claims asserted by any patients, former patients, employees or any other parties that are based on acts or omissions or events occurring before the Closing Date; (b) any amounts (including, if applicable, any penalties or interest) due or that may become due to Medicare or Medicaid or Blue Cross/Blue Shield or any other health care reimbursement or payment intermediary or other person or entity on account of any overpayment or duplicate payment or otherwise attributable to any period prior to the Closing Date ("Reimbursement Liabilities"); (c) any obligations or liabilities attributable to any period prior to the Closing that arises out of any contract or lease, whether or not such contract or lease is properly or duly assigned to DaVita; and (d) all accounts payable and/or debts of Hospital.

4. **Purchase Agreement.** DaVita and Hospital shall execute an asset purchase agreement for the Transaction (the "Purchase Agreement"), which shall provide for the purchase and sale of the Assets and assumption of the Liabilities as specified in Paragraphs 2 and 3, above, and contain such representations, warranties and other terms as are customary for a transaction of this nature.

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5. **Employees.** On or before the Closing, DaVita shall offer to hire, on such terms and conditions as DaVita generally offers to its employees, substantially all of Hospital's employees (other than physicians) who are employed principally in the Dialysis Business as of the Closing (the "**Dialysis Employees**"); provided, however, DaVita may elect not to offer employment to Dialysis Employees who do not have the unrestricted ability to provide federally reimbursed services, who do not release their personnel files to DaVita prior to Closing or who do not pass a pre-employment drug test, background check and physical exam. At Closing, if permitted by applicable law, DaVita will assume up to eighty (80) hours of vacation and other payable time off ("PTO") accrued as of the Closing Date by each Dialysis Employee who accepts employment with DaVita, and Hospital shall pay to DaVita an amount equal to such accrued PTO or, alternatively, shall apply a credit to DaVita against the Purchase Price hereunder. Hospital will be responsible for paying any accrued PTO in excess of eighty (80) hours to each Dialysis Employee in the next Hospital disbursed payroll at or following the Closing. If applicable law does not permit the transfer of any of the Dialysis Employees' PTO, Hospital will be responsible for paying all accrued PTO to each Dialysis Employee in the next Hospital disbursed payroll at or following the Closing. If DaVita is unable to process the transition of the Dialysis Employees who accept the offers from DaVita to DaVita's payroll and benefit plans by the Closing, then Hospital will maintain such Dialysis Employees on its payroll and in its benefit plans until such transition is completed, in each case, solely at the cost and expense of DaVita.

6. **Non-Competition and Non-Solicitation Covenant.**

(a) As used in this letter of intent, the following words and terms shall have the following respective meanings:

(i) "**Competitor**" means any person, clinic, corporation, partnership, management services organization, proprietorship, independent practice association, firm, entity or association which engages in or derives a substantial economic benefit from, or is preparing to engage in or derive a substantial economic benefit from, the business of providing or offering, arranging or subcontracting Dialysis Services, other than DaVita or an affiliate thereof. For purposes of this letter of intent, a "substantial economic benefit" shall mean that a party earns or will earn ten percent (10%) or more of its revenues from Dialysis Services.

(ii) "**Dialysis Services**" means all dialysis and renal care services and related services, including but not limited to hemodialysis, peritoneal dialysis of any type, staff assisted hemodialysis, the provision of home dialysis services and supplies and the administration of dialysis-related pharmaceuticals (including, without limitation, EPO, Aranesp, iron supplements, vitamin D supplements, or other products related to the treatment of anemia and secondary hyperparathyroidism) to end stage renal disease ("**ESRD**") patients, except as provided on an inpatient or emergency basis. Notwithstanding the foregoing, Dialysis Services shall not include aphaeresis services, acute dialysis services (including dialysis related laboratory and pharmacy services), vascular access services, and clinical research.

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(iii) "Restricted Area" means the area within a fifteen (15) mile radius of each Center's location as of the Closing Date and its location at any time during the Restricted Period.

(iv) "Restricted Period" means a period of ten (10) years following the Closing Date.

(b) Pursuant to the Purchase Agreement, Hospital, on behalf of itself and its affiliates, shall agree not to (i) own any interest in a Competitor, (ii) lease, operate or manage a Competitor, (iii) extend credit to the business of any Competitor, or (iv) otherwise participate as a medical director or employee of, or contractor or consultant for, a Competitor within the Restricted Area during the Restricted Period. Nothing in the foregoing shall prohibit the Hospital from (A) engaging in any activity related to clinical research or (B) contracting or otherwise doing business with Competitors for goods and services other than Dialysis Services. Hospital, on behalf of itself and its affiliates, shall further agree that, during the Restricted Period, they will not, directly or indirectly, take any action to knowingly induce any patient, customer, employee or vendor of any Center (either individually or in the aggregate) to discontinue his, her or its affiliation with such Center; provided that the foregoing is not intended to (x) prohibit any physician employed by Hospital from engaging in the professional practice of nephrology or exercising such person's independent medical judgment, without consideration for any pecuniary interests of said physician, nor to require the referral of any patients for any dialysis service provided by, or to any dialysis center owned by, DaVita or any of DaVita's affiliates or (y) prohibit the Hospital from engaging in any general business development and marketing activities, so long as such activities do not involve the development or marketing of Dialysis Services. Ten percent (10%) of the Purchase Price will be allocated to the covenant not to compete for federal tax planning purposes only.

7. Medical Director Agreement.

(a) At the Closing, DaVita will enter into one or more mutually acceptable ten (10) year agreements (each, a "Medical Director Agreement") with University of Chicago Physicians Group (the "Medical Practice"). Under each Medical Director Agreement, Medical Practice shall appoint as the medical director of each Center a physician who is duly qualified and licensed to practice medicine in the state in which the Center is located; is board certified in one or more of nephrology, pediatrics or internal medicine; has completed a board-approved training program in nephrology; specializes in the treatment of individuals with ESRD; has at least twelve (12) consecutive months of experience or training in the care of patients at ESRD facilities immediately preceding the commencement date of the Medical Director Agreement; and is experienced in the medical administration of ESRD facilities (collectively, the "Medical Directors"). The Medical Directors shall agree to provide oversight and responsibility for all medical and patient care aspects of the Centers to which they are assigned. The compensation payable to the Medical Practice shall be determined prior to the Closing Date and such amount shall be the fair market value of such services, consistent with DaVita's policies and procedures for medical director compensation.

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(b) Medical Practice, each Medical Director, and each physician of the Medical Practice who is or who becomes an attending physician to patients at a Center on a regular basis (excluding those physicians who are providing services to patients in the absence of the regular attending physician) or who serves as a covering Medical Director at a Center on a regular basis (such physicians and covering Medical Directors collectively are referred to as "**Covered Employees**") shall agree not to, during the time periods specified in the sentence immediately following this sentence, (i) directly or indirectly (A) own any interest in a Competitor, (B) operate or manage a Competitor, (C) extend credit to a Competitor, or (D) otherwise participate as a medical director or employee of, or contractor or consultant for, a Competitor, and (ii) take any action to knowingly solicit, divert, or interfere with any relationship that DaVita has with any physicians, employees, patients, customers or vendors of the Centers. With respect to the immediately preceding sentence, the restrictions shall apply to (x) Medical Practice for the term of each Medical Director Agreement and for a period of two (2) years following the expiration or termination thereof, and (y) each Medical Director and each Covered Employee for so long as such person is providing services under a Medical Director Agreement or is attending patients at a Center on a regular and for a period of two (2) years thereafter. Each Covered Employee shall agree to be individually bound by the terms described above by signing an appropriate joinder to the applicable Medical Director Agreement. Nothing in the foregoing shall prohibit the Medical Practice, any Medical Director, or any other physician from (1) engaging in any activity related to clinical research or (2) contracting or otherwise doing business with Competitors for goods and services other than Dialysis Services. As used in the Medical Director Agreement with respect to a Covered Employee, "regular basis" shall be defined by the parties prior to the Closing Date.

8. **Leases.** With respect to each Center, DaVita will enter into a new lease with Hospital (or other affiliate of Hospital that owns the property), as landlord, or shall accept an assignment of existing lease for each such Center (collectively, the "**Leases**") on terms that are mutually acceptable to DaVita and each such landlord. The parties acknowledge that the rental amount under each Lease must reflect fair market value and will be supported by a broker's opinion of value. The parties further acknowledge that the leases will expire, and DaVita will have to relocate, the Woodlawn Center and the Lake Park Center within approximately two (2) years of the Closing Date.

9. **Closing.** Subject to the satisfaction of the Closing conditions, including without limitation issuance of a CON for the transfer of the Centers to DaVita, the Closing shall take place at 12:01 a.m. on August 1, 2010, or, if possible, at 12:01 a.m. on July 1, 2010 (the "**Closing Date**").

10. **Conditions to Closing.** The parties' obligations to close the Transaction shall be subject to the satisfaction of the following conditions:

(a) **Due Diligence.** DaVita shall have completed to its satisfaction its due diligence review of the Dialysis Business, including, without limitation, the assets

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March 9, 2010

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and liabilities relating thereto, and Hospital shall have furnished to DaVita and its representatives such information and access to such books and records and personnel as DaVita may reasonably request for such purpose, including, without limitation, with respect to financial matters, litigation and loss contingencies, employee matters, tax and ERISA matters, vendors and patient information, legal and healthcare regulatory compliance, licenses, insurance, contracts, and other matters as DaVita may reasonably request.

(b) **Documentation.** The negotiation, execution, and delivery of the Purchase Agreement, Medical Director Agreements, Leases, and related documents, in each case setting forth the terms and conditions of the Transaction and containing such customary provisions, representations, warranties, covenants, and indemnifications, and providing for the receipt by the parties of such ancillary documents, as shall be reasonably acceptable to the parties and their respective counsel.

(c) **Contracts.** Prior to the Closing Date, Hospital shall provide DaVita with copies of all contracts and leases relating to the Dialysis Business, including, without limitation, employment agreements, and vendor agreements. Within ninety (90) days after the signing of this letter of intent, but in no event less than thirty (30) days following the provision by Hospital of all contracts and leases, DaVita shall designate which of the listed contracts and leases DaVita shall assume at the Closing. Hospital shall be responsible for obtaining any necessary consents for the assignment to DaVita at the Closing of such designated contracts and leases that are material, as determined in DaVita's reasonable discretion, to the Dialysis Business.

(d) **Regulatory Matters.** DaVita shall have received and reviewed to its satisfaction copies of all licenses, permits, and other regulatory materials and approval requirements pertaining to the Dialysis Business. Hospital shall be in material compliance with all standards of licensure and other applicable legal requirements, including, without limitation, all building, zoning, occupational safety and health, environmental, and health care laws, ordinances, and regulations relating to the Dialysis Business and its assets, its personnel and its operations. In addition, DaVita shall have been issued all necessary licenses, permits and approvals, including without limitation the CONs, for DaVita's operation of the Dialysis Business after the change of control contemplated hereunder. Furthermore, the transfer of the Assets and all capital contributions shall be in compliance with all applicable federal and state laws.

(e) **Board and Lender Approvals.** DaVita shall have received prior to the Closing Date all necessary board of director approvals.

(f) **Personnel.** Each Dialysis Employee shall have all licenses and permits required to carry out his or her obligations and none of them shall be on the OIG List of Excluded Individuals/Entities.

(g) **Inventory.** The Assets shall include that quantity of useable inventories and supplies, including, without limitation, EPO and other drugs and supplies

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used for dialysis treatments, as shall be sufficient to operate the Center for a period of at least eighteen (18) days in a manner consistent with prior practice (the "**Inventory Amount**"). The Purchase Price shall be decreased or increased (on a pro rata, dollar-for-dollar basis) to the extent the value of the inventory on site at Closing is less or more than the Inventory Amount, subject to an agreed upon cap.

(h) **Material Adverse Change.** There shall not have been any material adverse change in the condition (financial or otherwise) of the assets, properties or operations of the Dialysis Business or the Assets.

11. **Indemnification.** The Purchase Agreement will provide that Hospital will indemnify and hold harmless DaVita with respect to all losses arising out of any breach of any representation, warranty or covenant of Hospital made pursuant to the Purchase Agreement, or arising out of any Liabilities, including without limitation, Reimbursement Liabilities. The Purchase Agreement will also provide that DaVita will indemnify and hold harmless Hospital with respect to all losses arising out of any breach of any representation, warranty or covenant of DaVita made pursuant to the Purchase Agreement. The survival period for each party's representations and warranties and any caps and baskets applicable to each party's indemnification obligations will be determined and mutually agreed upon following the completion of DaVita's due diligence review of the Dialysis Business.

12. **Maintenance of Business.** Between the date of this letter and the Closing Date or the termination of the exclusivity period referred to in Paragraph 16 below, whichever occurs first, Hospital (a) shall continue to operate the Dialysis Business and maintain the Assets in the usual and customary manner consistent with past operations, (b) shall use its reasonable efforts to preserve the business operations of the Dialysis Business intact, to keep available the services of its current personnel, and to preserve the good will and relationships of its suppliers, patients and others having business relations with the Dialysis Business, (c) shall notify DaVita in writing of any event involving the Dialysis Business or Assets that has had or may be reasonably expected to have a material adverse effect on the business or financial condition of the Dialysis Business or the Assets, and (d) shall not sell, encumber, or otherwise dispose of any assets, without DaVita's consent, except in the ordinary course of business consistent with past practice.

13. **Transition Period.** From the date hereof through the Closing Date and thereafter for a reasonable period of time, the parties will work cooperatively with each other to develop specific transition and integration plans to assure continued quality of care and operating effectiveness following the Closing, including but not limited to a plan to ensure that DaVita does not experience an interruption in reimbursement from Medicare after the Closing Date.

14. **Public Announcements.** Subject to requirements of law, any news releases or other announcements prior to the Closing by DaVita, Hospital, or any of their respective affiliates or agents pertaining to this letter or the Transaction contemplated herein shall be approved in writing by all parties prior to release. DaVita and Hospital

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March 9, 2010

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agree that, prior to the Closing, they shall keep the existence of this letter and its contents confidential, except as may be necessary to comply with applicable law.

15. **Confidentiality.** DaVita and Hospital hereby reaffirm their respective obligations under that certain Confidentiality Agreement, dated as of April 9, 2009, which agreement remains in full force and effect.

16. **Exclusivity.** Until August 1, 2010 (or such earlier date (a) on which DaVita provides written notice to Hospital that it has ended its active efforts to consummate the Transaction contemplated herein or (b) that constitutes the Closing Date), neither Hospital nor any of its affiliates or agents or representatives, shall, directly or indirectly, enter into any agreement, commitment or understanding with respect to, or engage in any discussions or negotiations with, or encourage or respond to any solicitations from, any other party with respect to the direct or indirect (including, without limitation by way of stock sale, merger, consolidation or otherwise) sale, lease or management of the Dialysis Business or any material portion of the Assets. Hospital shall promptly advise DaVita of any unsolicited offer or inquiry received by it or any of its affiliates, agents or representatives, including the terms thereof.

17. **Procedure.** As soon as possible after execution and delivery of this letter, the parties will cooperate in the negotiation and preparation of the Purchase Agreement and other necessary documentation and will use all reasonable efforts to satisfy the conditions set forth in Paragraph 10 which are in their respective control.

18. **Expenses.** Each party shall bear its own expenses arising out of this letter and the Transaction, with no liability for such expenses to the other party, whether or not the Transaction or any part thereof shall close.

19. **Non-Binding Effect.** It is understood that this letter merely constitutes a statement of the mutual intentions of the parties with respect to the proposed Transaction, does not contain all matters upon which agreement must be reached in order for the proposed Transaction to be consummated and, except in respect of Paragraphs 12, 14, 15, 16 and 18, above, and this Paragraph 19, creates no binding rights in favor of any party. A binding commitment with respect to the Transaction will result only if definitive agreements are executed and delivered, and then, only subject to the terms and conditions contained therein. This letter may be executed in counterparts, each of which shall be deemed to be an original, and all of which, when taken together, shall constitute one and the same letter of intent. Signatures sent by facsimile transmission shall be deemed to be original signatures.

[SIGNATURES ON NEXT PAGE]

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March 9, 2010
Page 9

This letter will be void and the terms contained herein revoked unless accepted and returned by 5:00 p.m. (Pacific Standard Time) on March 12, 2010. If the foregoing is acceptable to you, please so indicate by signing a copy of this letter and returning it to the undersigned.

Very truly yours,

DAVITA INC.

By: Giles Caver
Giles Caver
Director, Corporate Development

ACCEPTED AND AGREED TO:

The University of Chicago Medical Center

By: _____
Name: _____
Title: _____

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March 9, 2010
Page 9

This letter will be void and the terms contained herein revoked unless accepted and returned by 5:00 p.m. (Pacific Standard Time) on March 12, 2010. If the foregoing is acceptable to you, please so indicate by signing a copy of this letter and returning it to the undersigned.

Very truly yours,

DAVITA INC.

By: _____
Giles Caver
Director, Corporate Development

ACCEPTED AND AGREED TO:

The University of Chicago Medical Center

By: Carolyn Wilson
Name: Carolyn Wilson
Title: COO Associate Dean 3/12/10

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EXHIBIT A

CENTERS

Stony Island
8725 S. Stony Island
Chicago, IL 60617

Woodlawn
1164 E 55th Street
Chicago, IL 60615

Lake Park
1531 Hyde Park Boulevard
Chicago, IL 60615

Home
5841 S. Maryland Avenue
Chicago, IL 60637

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**DaVita Inc. Fire Region – Chicago Metropolitan Area
Compliance Checklist
1st Quarter 2010**

| <u>CON PROJECT</u> | <u>PERMIT/ DATE</u> | <u>PERMIT AMOUNT</u> | <u>OBLIGATION</u> | <u>D A T E S</u> | | <u>PROJECT COMPLETION</u> |
|------------------------------------|---------------------|----------------------|--|---|-------------------|---------------------------|
| | | | | <u>ANNUAL PROG. REPORTS</u> | <u>COMPLETION</u> | |
| TRC Inc. d/b/a Big Oaks Dialysis | #08-066 11/5/08 | \$2,812,212 | Upon Permit Issuance | Sent 11/10/09 and in compliance | 1/15/2011 | 1/15/2011 |
| RLL Inc. d/b/a Beverly Dialysis | #08-067 11/5/08 | \$2,738,465 | Upon Permit Issuance | Sent 11/10/09 and in compliance | 1/15/2011 | 1/15/2011 |
| TRC Inc. d/b/a West Lawn Dialysis | #08-100 3/10/09 | \$1,888,441 | Obligated 5/29/09 State rec'd 6/23/09 | Sent March 31, 2010 Due Feb. 10 – April 10 | 12/31/10 | 12/31/10 |
| TRC Inc. d/b/a Barrington Creek | #09-036 1/12/10 | \$2,472,632 | By July 12, 2011 | Dec. 12- February 12 | 6/30/11 | 6/30/11 |
| TRC Inc. d/b/a Palos Park Dialysis | #09-055 1/12/10 | \$2,657,248 | By July 12, 2011 | Dec. 12- February 12 | 8/31/11 | 8/31/11 |

Big Oaks Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 2nd Quarter 2010. First patient was treated. However, facility is still awaiting certification. Follow-up on certification will be bi-weekly.

Beverly Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 2nd Quarter 2010. First patient was treated in mid-December 2009. However, facility is still awaiting certification. Follow-up on certification will be bi-weekly.

West Lawn Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 2nd Quarter 2010. First patient was treated on March 8, 2010. Facility is awaiting certification. Follow-up on certification will be bi-weekly.

Barrington Creek: The Medical Director Agreement is under negotiation.

Palos Park: The lease is under negotiation.

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| CON Project | Permit Date | Permit Amt. | Obligation | Annual Progress Reports | Project Completion |
|---|-------------|-------------|------------|-------------------------|---|
| Fairfield Dialysis 07-075 | 7/24/08 | | | | Complete. Final report submitted and approved. |
| Vandalia Dialysis 07-098 | 10/22/07 | 1,508,262 | 10/22/07 | 11/22/08 | Complete. Final report submitted and approved. |
| Rockford Dialysis 07-115 | 10/22/08 | \$3,106,926 | 10/22/07 | 11/22/08 | Complete. Final report submitted and approved. |
| Robinson Dialysis 07-154 | 5/20/08 | \$1,694,954 | 5/09 | 5/09 | Clinic opened 2/10. Pending CMS approval. CON permit extension granted 11/09. |
| Edwardsville Dialysis 07-099 | 7/1/08 | \$1,591,648 | obligated | Due 7/09 | Complete. Final report submitted and approved. |
| Benton Dialysis E-002-08 | | | | | Complete. Final report submitted and approved. |
| Marion Dialysis E-016-07 | | | | | Complete. Final report submitted and approved. |
| Whiteside Dialysis E-008-08 | | | | | Complete. Final report submitted and approved. |
| Freeport Dialysis | | | | | Approved. Construction pending. |
| Blessing Dialysis of Quincy 09-022 | 9/1/09 | \$6,269,502 | | | Deal closed. 10/1/09. Final Report pending. |
| Blessing Dialysis Center of Pittsfield 09-023 | 9/1/09 | \$917,212 | | | Deal closed. 10/1/09. Final Report pending. |
| JCH Dialysis Center 09-024 | 9/1/09 | \$1,318,634 | | | Close of deal pending |

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Cost/Space Requirements Lake Park Dialysis Change of Ownership CON

| <u>Department/Area</u> | <u>Cost</u> | <u>Gross Square Feet</u> | | <u>Amount of Proposed Total GSF That Is:</u> | | | |
|------------------------|--------------|--------------------------|-----------------|--|------------------|--------------|----------------------|
| | | <u>Existing</u> | <u>Proposed</u> | <u>New Const.</u> | <u>Remodeled</u> | <u>As Is</u> | <u>Vacated Space</u> |
| ESRD | \$3,784,934* | 8,085 | | | | 8,085 | 0 |

* The estimated total project cost includes the fair market value (FMV) of the leased space estimated at \$129.50/gsf, \$1,047,008 for 8,085 rentable gross square feet (gsf.)

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BACKGROUND OF APPLICANT

- 1 & 2. DaVita Inc. and its wholly-owner operating entity, Total Renal Care Inc., are fit, willing and able and have the qualifications background and character to adequately provide a proper standard of care.

Please refer to CON applications ##10-009 and 10-010 for Attachment 10(1), the names/addresses and other information on facilities owned or operated by DaVita Inc. through its operating entities. The list includes the Medicare and Medicaid provider numbers for each of these facilities. See Attachment 10(2) for information on Illinois facilities.

3. No adverse action has been taken against DaVita or Total Renal Care within three years preceding the filing of this Certificate of Need. Refer to Attachment 10(3.)
4. Attachment 10(3) also authorizes the State Board and its Agencies access to information in order to verify any documentation or information necessary and pertinent to this subsection.

55

BACKGROUND OF APPLICANT

Please refer to CON applications ##10-009 and 10-010 for Attachment 10(1), the names/addresses and other information on facilities owned or operated by DaVita Inc. through its operating entities. The list includes the Medicare and Medicaid provider numbers for each of these facilities. See Attachment 10(2) for information on Illinois facilities.

Total Renal Care, Inc.

D/B/A Nampa Dialysis Center

446 PARKCENTRE WAY,

NAMPA, ID 83651-1790

Phone: 208-467-5180

Medicare Certification Number: 13-2501

NPI Number: 1225089915

Primary Medicaid Number: 807605500

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Table Rock Dialysis Center

5610 WEST GAGE ST,STE B

BOISE, ID 83706-1332

Phone: 208-658-8111

Medicare Certification Number: 13-2502

NPI Number: 1871545418

Primary Medicaid Number: 807605600

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Burley Dialysis Center

741 N OVERLAND AVE,

BURLEY, ID 83318-3440

Phone: 208-677-5483

Medicare Certification Number: 13-2503

NPI Number: 1326099011

Primary Medicaid Number: 807605700

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Twin Falls Dialysis Center

1840 CANYON CREST,

TWIN FALLS, ID 83301-3007

Phone: 208-737-0001

Medicare Certification Number: 13-2505

NPI Number: 1932150653

Primary Medicaid Number: 807605800

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Gate City Dialysis Center

2001 BENCH ROAD,

POCATELLO, ID 83201-2033

Phone: 208-637-1090

Medicare Certification Number: 13-2506

NPI Number: 1497707020

Primary Medicaid Number: 807605900

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Treasure Valley Dialysis Center

3525 E LOUISE ST,SUITE 155

MERIDIAN, ID 83642-6303

Phone: 208-639-3000

Medicare Certification Number: 13-2513

NPI Number: 1720032535

Primary Medicaid Number: 807612400

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

| | |
|-------------------------------|----------|
| Total Clinics by State | 6 |
| ID | |

Renal Life Link, Inc.

D/B/A Metro East Dialysis

5105 WEST MAIN STREET,

BELLEVILLE, IL 62226-4728

Phone: 618-233-9018

Medicare Certification Number: 14-2527

NPI Number: 1588633812

Primary Medicaid Number: 201649898002

Ownership Type: Wholly Owned

Tax ID Number: 20-1649898

Lincoln Park Dialysis Services, Inc.

D/B/A Lincoln Park Dialysis fka Lincoln Park Nephrology

3157 N LINCOLN AVE,

CHICAGO, IL 60657-3111

Phone: 773-348-0101

Medicare Certification Number: 14-2528

NPI Number: 1659330694

Primary Medicaid Number: 363191860 002

Ownership Type: Wholly Owned

Tax ID Number: 36-3191860

Total Renal Care, Inc.

D/B/A Emerald Dialysis (fka Hyde Park Kidney Center)

710 W 43RD ST,

CHICAGO, IL 60609-3435

Phone: 773-843-5668

Medicare Certification Number: 14-2529

NPI Number: 1578522215

Primary Medicaid Number: 953372911-006

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Logan Square Dialysis Services

2659 N MILWAUKEE AVE, 1ST FL

CHICAGO, IL 60647-1643

Phone: 773-276-3699

Medicare Certification Number: 14-2534

NPI Number: 1578522579

Primary Medicaid Number: 953372911 005

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Renal Treatment Centers-Illinois, Inc.

D/B/A Granite City Dialysis Center

9 AMERICAN VILLAGE,

GRANITE CITY, IL 62040-3706

Phone: 618-452-5858

Medicare Certification Number: 14-2537

NPI Number: 1952360703

Primary Medicaid Number: 232798598001

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Life Link, Inc.

D/B/A Mount Vernon Dialysis

1800 JEFFERSON AVE,

MOUNT VERNON, IL 62864-4300

Phone: 618-244-4852

Medicare Certification Number: 14-2541

NPI Number: 1326072638

Primary Medicaid Number: 201649898007

Ownership Type: Wholly Owned

Tax ID Number: 20-1649898

Total Renal Care, Inc.

D/B/A Olympia Fields Dialysis

4557B LINCOLN HWY, STE B

MATTESON, IL 60443-2318

Phone: 708-503-1112

Medicare Certification Number: 14-2548

NPI Number: 1114986155

Primary Medicaid Number: 953372911007

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A Lake County Dialysis

918 S MILWAUKEE AVE,

LIBERTYVILLE, IL 60048-3229

Phone: 847-918-7010

Medicare Certification Number: 14-2552

NPI Number: 1265401475

Primary Medicaid Number: 953372911004

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Lincoln Park Dialysis Services, Inc.

D/B/A Skyline Home Dialysis

7009 W BELMONT AVE,

CHICAGO, IL 60634-4533

Phone: 773-637-7303

Medicare Certification Number: 14-2560

NPI Number: 1306805551

Primary Medicaid Number: 363191860 004

Ownership Type: Wholly Owned

Tax ID Number: 36-3191860

Renal Treatment Centers-Illinois, Inc.

D/B/A Sauget Dialysis (fka East St. Louis Dialysis Center)

2061 GOOSE LAKE RD,

SAUGET, IL 62206

Phone: 618 332-7801

Medicare Certification Number: 14-2561

NPI Number: 1659337418

Primary Medicaid Number: 232798598 002

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Life Link, Inc.

D/B/A Marion Dialysis

324 SOUTH 4TH ST,

MARION, IL 62959-1241

Phone: 618-997-8410

Medicare Certification Number: 14-2570

NPI Number: 1932118403

Primary Medicaid Number: 201649898-006

Ownership Type: Wholly Owned

Tax ID Number: 20-1649898

DVA Renal Healthcare, Inc.

D/B/A Effingham Dialysis

904 MEDICAL PARK DR, STE 1

EFFINGHAM, IL 62401-2193

Phone: 217-342-9558

Medicare Certification Number: 142580

NPI Number: 1245290782

Primary Medicaid Number: 621323090031

Ownership Type: Wholly Owned

Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.

D/B/A Jacksonville Dialysis

1515 WEST WALNUT,

JACKSONVILLE, IL 62650

Phone: 217-243-3042

Medicare Certification Number: 142581

NPI Number: 1316916513

Primary Medicaid Number: 621323090029

Ownership Type: Wholly Owned

Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Lincoln Dialysis**
100 WEST FIFTH,
LINCOLN, IL 62656-9115
Phone: 217-732-6798
Medicare Certification Number: 14-2582
NPI Number: 1760441976
Primary Medicaid Number: 621323090034
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Litchfield Dialysis**
915 ST FRANCES WAY,
LITCHFIELD, IL 62056-1775
Phone: 217-324-2200
Medicare Certification Number: 14-2583
NPI Number: 1184683138
Primary Medicaid Number: 621323090030
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Macon County Dialysis**
1090 WEST MCKINLEY,
DECATUR, IL 62526
Phone: 217-877-9351
Medicare Certification Number: 14-2584
NPI Number: 1972562890
Primary Medicaid Number: 621323090033
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Mattoon Dialysis**
200 RICHMOND AVE EAST,
MATTOON, IL 61938-4652
Phone: 217-234-8468
Medicare Certification Number: 142585
NPI Number: 1194794487
Primary Medicaid Number: 621323090028
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Springfield Central Dialysis**
932 N RUTLEDGE ST,
SPRINGFIELD, IL 62702-3721
Phone: 217-788-3688
Medicare Certification Number: 142586
NPI Number: 1720047970
Primary Medicaid Number: 621323090002
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Taylorville Dialysis**
901 WEST SPRESSER,
TAYLORVILLE, IL 62568-1831
Phone: 217-824-5460
Medicare Certification Number: 142587
NPI Number: 1821057027
Primary Medicaid Number: 621323090032
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Springfield Montvale Dialysis**
2930 S MONTVALE DR, STE A
SPRINGFIELD, IL 62704-5376
Phone: 217-793-2781
Medicare Certification Number: 142590
NPI Number: 1518926781
Primary Medicaid Number: 621323090035
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Decatur East Wood Dialysis**
794 EAST WOOD ST,
DECATUR, IL 62523-1155
Phone: 217-425-6403
Medicare Certification Number: 142599
NPI Number: 1336100734
Primary Medicaid Number: 621323090036
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

Total Renal Care, Inc.
D/B/A **TRC Children's Dialysis Center**
2611 N HALSTED,
CHICAGO, IL 60614-2304
Phone: 773-549-2010
Medicare Certification Number: 14-2604
NPI Number: 1396704508
Primary Medicaid Number: 953372911-010
Ownership Type: Wholly Owned
Tax ID Number: 95-3372911

Renal Life Link, Inc.
D/B/A **Benton Dialysis**
1151 ROUTE 14 WEST,
BENTON, IL 62812-1500
Phone: 618-435-4850
Medicare Certification Number: 14-2608
NPI Number: 1609885185
Primary Medicaid Number: 201649898-005
Ownership Type: Wholly Owned
Tax ID Number: 20-1649898

Renal Life Link, Inc.
D/B/A **Centralia Dialysis**
231 STATE ROUTE 161 EAST,
CENTRALIA, IL 62801-6739
Phone: 618-533-2535
Medicare Certification Number: 14-2609
NPI Number: 1467461947
Primary Medicaid Number: 201649898-004
Ownership Type: Wholly Owned
Tax ID Number: 20-1649898

DVA Renal Healthcare, Inc.
D/B/A **Alton Dialysis**
3511 COLLEGE AVE,
ALTON, IL 62002-5009
Phone: 618-465-4745
Medicare Certification Number: 14-2619
NPI Number: 1154381697
Primary Medicaid Number: 621323090016
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Rushville Dialysis**
112 SULLIVAN DRIVE,
RUSHVILLE, IL 62681-1293
Phone: 217-322-2652
Medicare Certification Number: 142620
NPI Number: 1205805488
Primary Medicaid Number: 621323090038
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

DVA Renal Healthcare, Inc.
D/B/A **Illini Renal Dialysis**
507 E UNIVERSITY AVE,
CHAMPAIGN, IL 61820-3828
Phone: 217-378-7800
Medicare Certification Number: 142633
NPI Number: 1275502437
Primary Medicaid Number: 621323090039
Ownership Type: Wholly Owned
Tax ID Number: 62-1323090

Renal Treatment Centers-Illinois, Inc.
D/B/A **Maryville Dialysis**
2130 VADALABENE DR,
MARYVILLE, IL 62062-5632
Phone: 618-288-0703
Medicare Certification Number: 14-2634
NPI Number: 1952360869
Primary Medicaid Number: 232798598-009
Ownership Type: Wholly Owned
Tax ID Number: 23-2798598

Chicago Heights Dialysis, LLC
D/B/A **Chicago Heights Dialysis**
177 W JOE ORR ROAD, STE B
CHICAGO HEIGHTS, IL 60411-1733
Phone: 708-755-9000
Medicare Certification Number: 14-2635
NPI Number: 1881654325
Primary Medicaid Number: 201252883-001
Ownership Type: Majority Partner
Tax ID Number: 20-1252883

Renal Life Link, Inc.
D/B/A **Beverly Dialysis**
9415 S WESTERN AVE, STE 105
CHICAGO, IL 60620-6232
Phone: 773-238-5200
Medicare Certification Number: 14-2638
NPI Number: 1215023338
Primary Medicaid Number: 201649898011
Ownership Type: Wholly Owned
Tax ID Number: 20-1649898

Dialysis of Northern Illinois, LLC
D/B/A **Sycamore Dialysis (aka DeKalb)**
2200 GATEWAY DRIVE,
SYCAMORE, IL 60178-3113
Phone: 815-758-0205
Medicare Certification Number: 14-2639
NPI Number: 1295794485
Primary Medicaid Number: 680555153 001
Ownership Type: Majority Partner
Tax ID Number: 68-0555153

Renal Treatment Centers-Illinois, Inc.
D/B/A **Churchview Dialysis**
5970 CHURCHVIEW DR,
ROCKFORD, IL 61107-2574
Phone: 815-637-9662
Medicare Certification Number: 14-2640
NPI Number: 1285694729
Primary Medicaid Number: 2322798598010
Ownership Type: Wholly Owned
Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.
D/B/A **Freeport Dialysis**
1028 KUNKLE BLVD,
FREEPORT, IL 61032-3801
Phone: 815-232-2477
Medicare Certification Number: 14-2642
NPI Number: 1568431864
Primary Medicaid Number: 232798598 011
Ownership Type: Wholly Owned
Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.

D/B/A **Rockford Dialysis**
2400 NORTH ROCKTON AVENUE, STE D-1

ROCKFORD, IL 61103-3655

Phone: 815-963-4840

Medicare Certification Number: 14-2647

NPI Number: 1235198235

Primary Medicaid Number: 232798598006

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.

D/B/A **Whiteside Dialysis**

2600 NORTH LOCUST, SUITE D - DIALYSIS UNIT

STERLING, IL 61081-4602

Phone: 815-626-3173

Medicare Certification Number: 14-2648

NPI Number: 1538128533

Primary Medicaid Number: 232798598 008

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Total Renal Care, Inc.

D/B/A **Montclare Dialysis Center (aka Belmont Ave)**

7009 W BELMONT,

CHICAGO, IL 60634-4533

Phone: 773-889-6051

Medicare Certification Number: 14-2649

NPI Number: 1861461030

Primary Medicaid Number: 953372911012

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Renal Treatment Centers-Illinois, Inc.

D/B/A **Dixon Kidney Center**

1131 NORTH GALENA AVENUE,

DIXON, IL 61021-1015

Phone: 815-284-0595

Medicare Certification Number: 14-2651

NPI Number: 1396706750

Primary Medicaid Number: 232798598012

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.

D/B/A **Mt. Greenwood Dialysis**

3401 WEST 111TH STREET,

CHICAGO, IL 60655-3329

Phone: 773-445-0558

Medicare Certification Number: 14-2660

NPI Number: 1982673166

Primary Medicaid Number: 232798598-015

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Life Link, Inc.

D/B/A **Stony Creek Dialysis**

9115 S CICERO AVE,

OAK LAWN, IL 60453-1895

Phone: 708-423-0300

Medicare Certification Number: 14-2661

NPI Number: 1295821304

Primary Medicaid Number: 201649898010

Ownership Type: Wholly Owned

Tax ID Number: 20-1649898

Dialysis of Northern Illinois, LLC

D/B/A **Roxbury Dialysis**

622 ROXBURY ROAD,

ROCKFORD, IL 61107-5089

Phone: 815-397-0713

Medicare Certification Number: 14-2665

NPI Number: 1003875402

Primary Medicaid Number: 680555153-002

Ownership Type: Majority Partner

Tax ID Number: 68-0555153

Renal Treatment Centers-Illinois, Inc.

D/B/A **Lake Villa Dialysis**

37809 N IL ROUTE 59,

LAKE VILLA, IL 60046-7332

Phone: 847-245-4872

Medicare Certification Number: 14-2666

NPI Number: 1346209590

Primary Medicaid Number: 232798598-014

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.

D/B/A **Little Village Dialysis (Chicago)**

2335 W CERMAK ROAD,

CHICAGO, IL 60608-3811

Phone: 773-523-2939

Medicare Certification Number: 14-2668

NPI Number: 1497714414

Primary Medicaid Number: 232798598-013

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Life Link, Inc.

D/B/A **Olney Dialysis Center (aka Good Samaritan Hospital)**

117 N BOONE ST,

OLNEY, IL 62450-2109

Phone: 618-393-4234

Medicare Certification Number: 14-2674

NPI Number: 1003885229

Primary Medicaid Number: 201649898-001

Ownership Type: Wholly Owned

Tax ID Number: 20-1649898

Renal Treatment Centers-Illinois, Inc.

D/B/A **Kankakee County Dialysis**

881 WILLIAM LATHAM DRIVE, STE 104

BOURBONNAIS, IL 60914-2319

Phone: 815-936-3088

Medicare Certification Number: 14-2685

NPI Number: 1073675138

Primary Medicaid Number: 232798598021

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Renal Treatment Centers-Illinois, Inc.

D/B/A **Maryville At Home**

2136 B VADALABENE DR,

MARYVILLE, IL 62062-5632

Phone: 618-288-6208

Medicare Certification Number: 14-2686

NPI Number: 1215134259

Primary Medicaid Number:

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

| | |
|-------------------------------|-----------|
| Total Clinics by State | 45 |
| IL | |

Renal Treatment Centers-Illinois, Inc.

D/B/A **Salem Dialysis Center (IN)**

1201 N JIM DAY RD, STE 103

SALEM, IN 47167-7219

Phone: 812-883-0207

Medicare Certification Number:

NPI Number: 1689709594

Primary Medicaid Number:

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Total Renal Care, Inc.

D/B/A **Greensburg Dialysis**

1531 N Commerce Dr, Suite 6

Greensburg, IN 47240-1291

Phone: 812-662-6570

Medicare Certification Number:

NPI Number: 1447457742

Primary Medicaid Number:

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Total Renal Care, Inc.

D/B/A **Indy South Dialysis**

972 EMERSON PKWY, STE F

GREENWOOD, IN 46143-6559

Phone: 317-881-0641

Medicare Certification Number:

NPI Number: 1013102110

Primary Medicaid Number:

Ownership Type: Wholly Owned

Tax ID Number: 95-3372911

Renal Treatment Centers-Illinois, Inc.

D/B/A **Batesville Dialysis Center aka Renal Treatment Centers**

232 STATE ROAD 129 SOUTH,

BATESVILLE, IN 47006-7694

Phone: 812-934-5666

Medicare Certification Number: 15-2507

NPI Number: 1023071768

Primary Medicaid Number: 200024860 A

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

Lawrenceburg Dialysis, LLC

D/B/A **Lawrenceburg Dialysis Center**

555 W EADS PARKWAY, STE 200

LAWRENCEBURG, IN 47025-1157

Phone: 812-537-5750

Medicare Certification Number: 15-2511

NPI Number: 1649234196

Primary Medicaid Number: 200471780A

Ownership Type: Majority Partner

Tax ID Number: 20-0284135

Renal Treatment Centers-Illinois, Inc.

D/B/A **Madison Dialysis Center**

220 CLIFTY DR VILLIAGE SQUARE, UNIT K

MADISON, IN 47250-1669

Phone: 812-265-2278

Medicare Certification Number: 15-2514

NPI Number: 1073577532

Primary Medicaid Number: 200024860D

Ownership Type: Wholly Owned

Tax ID Number: 23-2798598

TRC-Indiana LLC.

D/B/A **CRC - Gary**

4802 BROADWAY,

GARY, IN 46408-4509

Phone: 219-887-1199

Medicare Certification Number: 15-2521

NPI Number: 1952364648

Primary Medicaid Number: 200315330A

Ownership Type: Wholly Owned

Tax ID Number: 91-1971775



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

March 19, 2010

Mark Gibbs
Executive Secretary
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Gibbs:

RE: Certificates Of Need for Changes of Ownership of
University of Chicago Medical Center Dialysis Facilities

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, DaVita Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, DaVita Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, DaVita Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.

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ATTACHMENT 10(3)
Page 1 of 4

State of Colorado

County of: Denver

On 4-7-10, before me, Theresa Moran,
Notary Public, personally appeared KENT THURY
(name(s) of signers)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal

Place Notary Seal Above

Theresa Moran
Signature of Notary Public

My commission expires: 9-4-13

64



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

March 19, 2010

Mark Gibbs
Executive Secretary
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Gibbs:

RE: Certificates Of Need for Changes of Ownership of
University of Chicago Medical Center Dialysis Facilities

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, Total Renal Care Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, Total Renal Care Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, Total Renal Care Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.

65

State of Colorado

County of: Denver

On 4-7-10, before me, Theresa Moran,
Notary Public, personally appeared KENT THIRY
(name(s) of signers)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal



Place Notary Seal Above

Theresa Moran
Signature of Notary Public

My commission expires: 9-4-13

66

PURPOSE OF PROJECT

1. **Total Renal Care Inc.'s acquisition of the University of Chicago – Lake Park enables the University of Chicago Medical Center (UCMC) to focus limited resources on providing complex, tertiary medical services and enables DaVita Inc. to provide needed chronic dialysis services more efficiently and effectively.**

UCMC operates its dialysis facilities on a relatively small scale and cannot provide these services as effectively or efficiently as DaVita Inc. Changes in CMS regulatory and reporting requirements (October 2009) add significant data collection and reporting requirements for ESRD facilities, making it more difficult for independent entities to cost-effectively comply with the Conditions for Coverage. The acquisition allows the dialysis center to use DaVita's policies/procedures, quality/data management tools and resources to comply with the CMS requirements in a timely and cost-effective manner.

In addition, DaVita Inc. can enhance efficiencies by negotiating larger discounts for supplies. Its financial condition will allow quick expansion of capacity as the facility has been over 100% occupied for a number of years.

2. **The existing facility is located in Planning Area 6, the City of Chicago.**
3. **The acquisition allocates scarce capital resources more efficiently and effectively. UCMC will use its capital to address complex, tertiary medical problems and DaVita will use policies/procedures, quality/data management tools and resources to enhance timely and cost-effective compliance with the new CMS requirements. In addition, DaVita' capital resources can be used to quickly and efficiently add stations to the facility which has been over 100% utilized for a number of years.**
4. **References: CMS Conditions of Coverage; The Renal Network utilization data.**
5. **The acquired facility will use policies/procedures, quality/data management tools and resources available within the DaVita system to ensure timely and cost-effective compliance with the new CMS requirements. In addition, DaVita' capital resources can be used to quickly add stations to the facility. University of Chicago – Lake Park has consistently operated at over 100% utilization for a number of years.**
6. **Implementation of the new CMS regulatory and data requirements is ongoing. The acquired facility will be included in DaVita's action plans at such time as new requirements are put in place by CMS. All issues will be addressed through the normal scope of DaVita's business.**

DaVita will add stations to the facility within the next two years or sooner.

DaVita continues to provide a high quality of care. Patient outcomes significantly exceed HFSRB standards. See Attachment 11(1) for outcomes in its Chicago-area facilities which document DaVita's high quality of care as follows:

90.60% of patients had URRs of 65% or higher vs. HFSRB standard of at least 85% & 93.98% of patients had a Kt/V Dauridgas II.1.2 vs. the HFSRB standard of 85%.

DaVita Chicago Area Facilities
 Clinical Outcomes Review
 January 2009 to December 2009

Adequacy of Dialysis

This facility will be able to demonstrate the ability to provide adequate dialysis with Urea Reduction Ratio (URR) greater than 65% in at least 85% of patients. This data is a compilation of clinical outcomes data from 15 facilities in the Chicago area. They are Logan Square Dialysis, Lake County Dialysis, Lincoln Park Dialysis, Children's Dialysis, Emerald Kidney Center, Olympia Fields Dialysis Center, Chicago Heights Renal Care, Stony Creek Dialysis, Beverly Dialysis, Montclare Dialysis, Mt. Greenwood Dialysis, Lake Villa Dialysis, Little Village Dialysis, Kankakee County Dialysis and Big Oaks Dialysis (December only).

| Month | Percent of patients with URR>65% | Percent of patients with KT/V Daugirdas II.1.2 |
|----------------|----------------------------------|--|
| January 2009 | 91.06% | 94.08% |
| February 2009 | 90.76% | 93.93% |
| March 2009 | 90.99% | 93.46% |
| April 2009 | 90.93% | 93.74% |
| May 2009 | 90.95% | 94.58% |
| June 2009 | 91.05% | 94.44% |
| July 2009 | 89.25% | 93.45% |
| August 2009 | 90.20% | 94.50% |
| September 2009 | 91.07% | 94.40% |
| October 2009 | 91.00% | 94.24% |
| November 2009 | 90.38% | 93.73% |
| December 2009 | 89.56% | 93.18% |
| Average | 90.60% | 93.98% |

ALTERNATIVES

Alternatives available to DaVita and considered were:

1. Proceed with the acquisition of the University of Chicago Medical Centers (UCMC) dialysis clinics

UCMC has determined that providing in-center hemodialysis services is inconsistent with its strategy of not competing with the community for care that can be provided in the community. In addition UCMC as determined that it will reserve its resources for providing complex, tertiary medical care. DaVita Inc., through its wholly-owned operating entity Total Renal Care Inc., wishes to purchase the clinics to enhance its ability to serve patients on Chicago's southside. DaVita considered the proposed purchase carefully and determined that the UCMC clinics fit well within its mission, values and business plan. Therefore the proposed acquisition transaction meets the objectives of both parties.

Therefore, pursuit of the change of ownership is the selected alternative.

2. Decline the opportunity to purchase the UCMC dialysis clinics.

The clinics owned by UCMC are in adjacent and sometimes overlapping service areas with the DaVita dialysis clinics in Illinois. Acquisition of the UCMC clinics will allow DaVita to extend service throughout the area currently served by UCMC. This will allow for more continuity of care for patients among communities and will allow more facilities to benefit from shared resources. As noted above, the proposed project meets the objectives of both UCMC and DaVita, and therefore *the option to decline the purchase is not an acceptable alternative, and is therefore rejected.*

3. Pursue a Joint Venture with UCMC

DaVita is open to Joint Venture relationships. This option was not consistent with UCMC's commitment not to compete with the community for care that can be provided in the community. In addition UCMC has determined that providing complex, tertiary medical care is a more efficient and effective use of its resources. Therefore, *this option is rejected.*

4. Pursue opening dialysis centers in the market independent of and competing with UCMC

DaVita wishes to be a collaborative member of the healthcare communities served by UCMC. The option to compete with UCMC's clinics would be counter to this objective, and *therefore, the option is rejected.*

IMPACT STATEMENT

1. **University of Chicago – Lake Park has 20 stations and operates at over 100% utilization. The facility has consistently operated at over 100% utilization for a number of years. Upon approval of the change of ownership DaVita Inc., operating through its wholly-owned subsidiary, Total Renal Care Inc. (TRC), intends to immediately proceed with preparation and filing of a Certificate of Need (CON) application to add eight (8) stations.**
2. **Total Renal Care Inc. (TRC) will operate the unit.**
3. **The University of Chicago Medical Center's (UCMC's) leadership has determined that the sale of its three (3) outpatient dialysis programs is consistent with its strategy of not competing with the community for care that can be provided in the community. UCMC has determined that the sale will allow the medical center to use its additional resources to provide tertiary medical care. UCMC concluded that the sale is in the best interest of its patients as the historical need for dialysis treatment continues to grow significantly and each facility needs investment in added capacity.**

In addition, UCMC operates its dialysis facilities on a relatively small scale and cannot provide these services as effectively or efficiently as DaVita. Changes in CMS regulatory and reporting requirements (October 2009) add significant data collection and reporting requirements for ESRD facilities, making it more difficult for independent entities to cost-effectively comply with the Conditions for Coverage. The acquisition allows the dialysis center to use DaVita's policies/procedures, quality/data management tools and resources to comply with the CMS requirements in a timely and cost-effective manner.

DaVita can enhance efficiencies by negotiating larger discounts for supplies. Its financial condition will allow quick expansion of capacity as the facility has been over 100% occupied for a number of years.

Finally, UCMC has determined that a sale to DaVita would benefit its communities because of DVA's commitment to quality, continuity of service, access, and cost effectiveness (see discussion below on cost/benefit analysis, Item 5.)

DaVita wishes to purchase the clinics to enhance its ability to serve patients who live on Chicago's south side. DaVita considered the proposed purchase carefully and determined that the UCMC clinics fit well within its mission, values and business plan. Therefore the proposed acquisition transaction meets the objectives of both parties.

Therefore, University of Chicago Medical Center (UCMC) wishes to relinquish all ownership interest and control in the dialysis facility to DaVita Inc.

4. **DaVita intends to retain all clinical employees of the UCMC dialysis program. DaVita has no intention of reducing the number of clinical employees. Additional staff will probably be needed when additional stations are operational by December 31, 2011.**
5. **Cost/Benefits of this transaction include the following:**

Quality of Care

DaVita is a nationally recognized provider with superior patient outcomes (refer back to Attachment 11(1) and first-rate quality and management tracking and reporting programs.

Continuity of Care

DaVita intends to work collaboratively with the nephrologists over the long term. Patient care will not be interrupted as the same physicians will medically manage patient care. DaVita will maintain the current workforce to further ensure seamless patient care.

Access

As utilization of UCMC's outpatient dialysis programs is at capacity, with each of its three (3) facilities operating over 100% capacity, each facility needs to add stations. In addition, the HFSRB need methodology recognizes a significant unmet need for additional stations in HSA-6, the City of Chicago. DaVita is committed to meeting this recognized need through additional capital investment. DaVita intends to expand each of the three UCMC dialysis facilities within the next two years, increasing chronic renal dialysis services to the underserved areas currently occupied by the UCMC facilities.

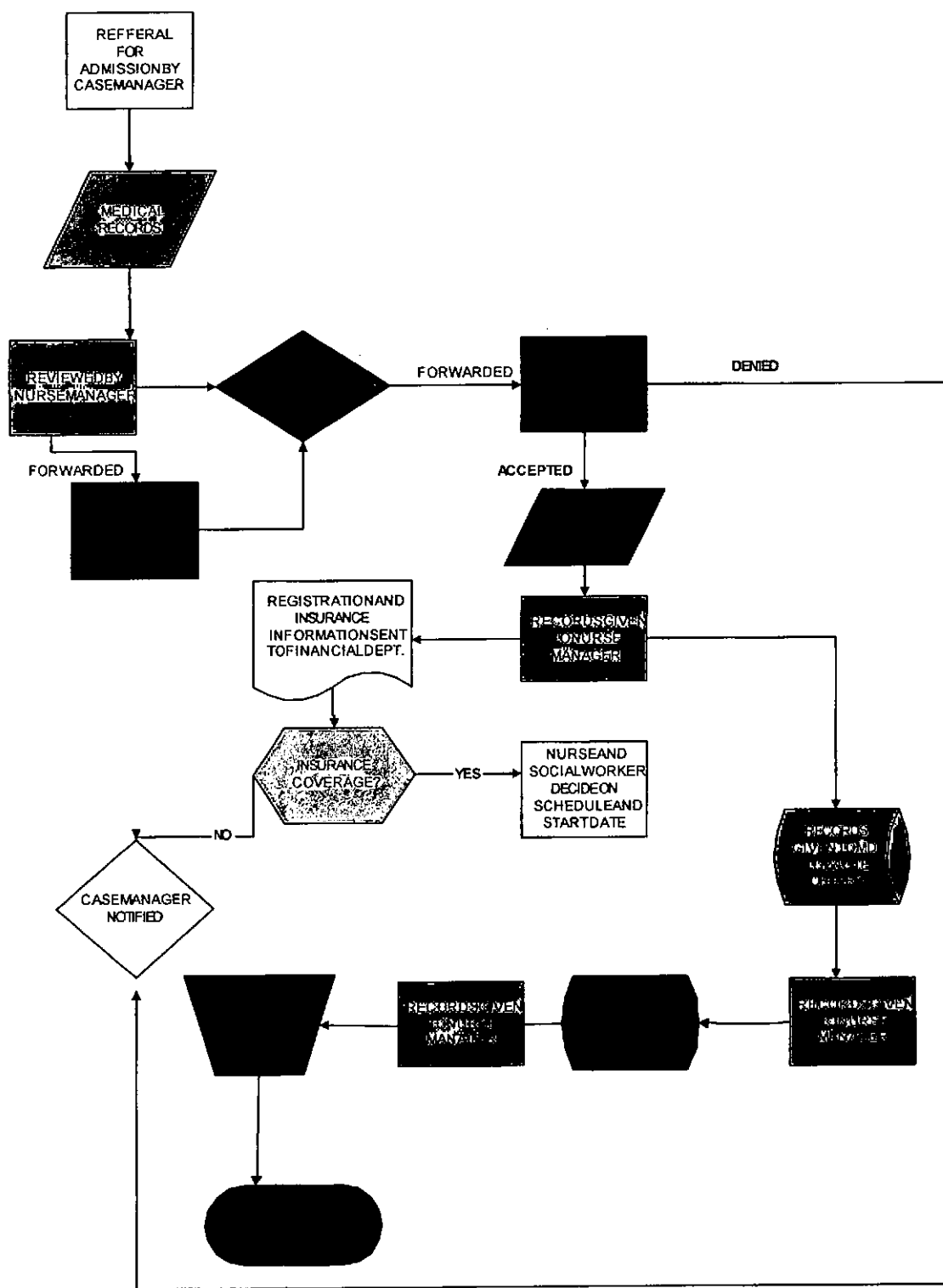
Cost savings of this transaction will result from the purchasing power of a national corporation which can enhance efficiencies by negotiating larger discounts for supplies. In addition, the acquisition allows the dialysis center to use DaVita's policies/procedures, quality/data management tools and resources to comply with new CMS requirements in a timely and cost-effective manner, thus saving resources at UCMC to enhance its commitment to providing complex, tertiary medical services.

ACCESS

1. See Attachment 18B(1) for University of Chicago Medical Center's (UCMC's) current admissions policies.
2. See Attachment 18B(2) for Total Renal Care Inc.'s (TRC's) proposed admissions policies.
3. See Attachment 18B(3) for certification from DaVita Inc.'s and TRC's Chairman and CEO, Kent Thiry, that the proposed admissions policies will not be more restrictive.

Chronic Dialysis Admission Process

The revised process chart shows significant changes in how the initial referral is received in our system. One of the key factors in this process is that each person has a specific role in the admissions process. The Nurse Manager is the point of contact person for admission into our program. All communication and correspondence must go through the Nurse Manager. The Nurse Manager receives the medical records and forwards them to the Social Worker and Medical Director for review. The Nurse Manager and the Social Worker each make a recommendation if the patient should be accepted. The Medical Director reviews the information and makes the final decision if the patient is accepted into the program. The Medical Director gives the records back to the Nurse Manager who in turn sends the registration form and insurance information to the Financial Representation. After the patient's insurance is verified and the patient is registered into the computer, the Nurse Manager asks the Medical Director to write Standing Orders for the patient. The Nurse Manager coordinates with the Social Worker and the discharge planner to arrange a schedule and start date for the patient. After the orders are written, the Nurse Manager enters the orders into the computer and forwards the records to the Chief Technician. The Technician enters the dialysis machine codes into the computer system and gives the records back to the Nurse Manager. The Nurse Manager then gives the records to the Unit Clerk. The Unit Clerk is responsible for making a chart for the patient.



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The following medical records and information are needed for a patient to be admitted into our dialysis program:

Demographic Information

Labs- One month for new ESRD patients, three for transferring patients.

Hepatitis B status -within 30 days

Copy of Primary and Secondary Insurance Cards

EKG

Chest X-ray

Medication list

Dialysis Treatment Orders- for transferring patients only

History and Physical report

Renal and Vascular Consults

2728 form-for transferring patients only

Psychosocial Assessment and Social Work Notes-for transferring patients only

Nutrition Assessment

Nursing Assessment and Progress Notes

Dialysis Treatment Sheets-from the first dialysis treatment for new ESRD patients or two weeks for transferring patients

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TITLE: ACCEPTING PATIENTS FOR TREATMENT

PURPOSE: To establish requirements for patient admission to a DaVita dialysis facility and to allow DaVita to obtain necessary information from the patient and to enter the correct information into the appropriate information system prior to providing dialysis treatment to a patient at a DaVita dialysis facility.

DEFINITIONS:

1. **Patient Authorization and Financial Responsibility Form (PAFR)** - Form that informs patients of their financial obligations regarding services provided to them by DaVita. The form must be signed and witnessed prior to the start of the first dialysis treatment and annually thereafter. By signing the PAFR, the patient is assigning the payment for services provided by DaVita, directly to DaVita from insurance companies. The PAFR form must be signed annually at each DaVita facility where the patient treats.
2. **Medicare Secondary Payor Form (MSP)** - Determines if a commercial Employer Group Health Plan (EGHP) (or other insurance carrier) will be primary payor. This form is completed online in Reggie and must be completed for all patients who have Medicare coverage when they start treatment at DaVita.
3. **Beneficiary Selection Form (CMS 382)** - Required by Medicare for home dialysis patients (home hemo or peritoneal). The patient selects whether they will obtain home treatment supplies from a Durable Medical Equipment (DME) provider (Method II) or from the facility that will provide home dialysis support services (Method I). DaVita currently only supports patients selecting Method I.
4. **Medical Evidence Report Form (CMS 2728)** - Required by Medicare to determine if an individual is medically entitled to Medicare under the ESRD provisions of the law and to register patients with the United States Renal Data System. The 2728 form is used as the primary source in determining the COB for patients insurance. Physicians have a 45 day grace period to sign the 2728 form when the patients are new to dialysis. Patients are only required to complete the 2728 form once not for every facility visit or transfer.
5. **Transfer patient** - An existing dialysis patient who is permanently relocating from any dialysis facility to a DaVita dialysis facility. Once the transfer is complete, the patient will become a "permanent" patient.
6. **Guest patient** - A patient who is visiting a facility and plans to return to his/her home facility within 30 days. A guest patient refers to patients visiting from a non-DaVita facility to a DaVita facility as well as visiting from a DaVita facility to another DaVita facility.
7. **Permanent patient** - A patient who has selected a DaVita dialysis facility as his/her home facility.

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POLICY:

1. DaVita will accept and dialyze patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability if:
 - a) The patient's care can be managed in an outpatient dialysis facility according to individual modality;
 - b) The patient is under the care of a nephrologist who is credentialed in the DaVita facility;
 - c) There is adequate treatment space and staffing available to provide appropriate care to the patient;
 - d) The patient (a) has been verified as Medicare or Medicaid eligible and/or has private insurance coverage which has been verified, and from which an authorization for treatment has been received by DaVita as required, or (b) accepts financial responsibility for care by signing the PAFR form;
 - Patients who are uninsured must be authorized at the facility level with written approval by the facility's Operational Vice President, or their designee, prior to treatment. *(Please refer to the Cash Payment Fee Schedule for Patients with no Insurance Coverage Policy located on the Village Web ROPS home page under the ROPS P&P Link).*
 - Patients who have an out-of-state Medicaid plan that will not pay for treatment must be authorized at the facility level with written approval by the facility's Operational Vice President, or their designee, prior to treatment.
 - Patients who are out of network and have no out of network benefits must be authorized at the facility level with written approval by the facility's Operational Vice President, or their designee, prior to treatment.
2. Guest patients must make payment for non-covered, and out of network (including out of state Medicaid plans that do not pay for treatment) services in the form of cashiers check, money order, travelers check, American Express, Visa or MasterCard prior to treatment.
3. DaVita will bill using the name and number as it appears on the beneficiary Medicare card or other document confirming the patient's health care coverage through a third party, and as the patient's name is confirmed by two (2) additional forms of identification which has the patient's current legal name listed on it as outlined in section 7 of this policy. If any information on the beneficiary Medicare card is incorrect, DaVita will advise the beneficiary to contact their local servicing Social Security Office to obtain a new Medicare card. If information contained on the insurance card is incorrect, DaVita will advise the policyholder to contact their insurance company to obtain a new insurance card. All insurance cards should match the patient's identification. The patient must

produce evidence that a change was initiated with the appropriate insurance carrier within 90 days of the noted discrepancy.

4. There are three mandatory data elements for any patient to be registered in Reggie. They are first and last name, DOB (date of birth) and anticipated start date at DaVita. These three fields must be completed prior to treatment.
5. Unless otherwise provided for under this policy, prior to the admission to the facility, all patients, including Transfer, Guest and Permanent Patients will be given the following documents to read and sign:
 - Patient's Rights
 - Patient's Responsibilities
 - Patient's Standards of Conduct
 - Patient Grievance Procedure
 - Authorization for and Verification of Consent to Hemodialysis / Peritoneal Dialysis
 - Reuse Information Consent form
 - Caretaker Authorization form
 - HIPAA Notice Acknowledgement form
 - Affidavit of Patient Identification form (Note: This form is only given if the patient or personal representative on behalf of the patient, is not able to produce the requested two (2) forms of personal identification verifying the patient's legal name and current legal residence upon admission or within seven (7) days of admission).

The patient will agree to follow the Patient's Rights, Patient's Responsibilities, Patient's Standards of Conduct and the Patient Grievance Procedure. *(Please refer to Patient's Standards of Conduct; Patient Grievance Procedure; Patient Rights and Responsibilities.)*

6. Guest Patients are only required to sign the Patient's Rights, Patient's Responsibilities, Patient's Standards of Conduct and the Patient Grievance Procedure one time for each DaVita facility they visit, as long as these forms are visibly posted at the facility, unless there are changes made to any of those forms/policies, or state specifications require otherwise.
7. Listed below are the following documents that are required for hemodialysis patients and home dialysis patients prior to admission to a DaVita Dialysis facility:
 - Two (2) forms of personal identification, in addition to the patient's insurance card, verifying the patient's legal name and current legal residence, one of which is a picture ID. Acceptable forms of personal identification may include:

- (a). Federal or state government issued identification such as:
 - (1). driver's license
 - (2). voter's registration card
 - (3). passport
 - (4). ID card
 - (5). marriage certificate
 - (6). social security card
 - (7). US military photo ID card
- (b). Divorce decree;
- (c). Credit card;
- (d). Utility bill;
- (e). Pension statements;
- (f). Bank account and other financial asset records;
- (g). Property Deed;
- (h). Mortgage;
- (i). Lease Agreement;
- (j). Auto registration;
- (k). Job pay stub;
- (l). Letters from Social Security Office;
- (m). US adoption papers;
- (n). Court order for a legal name change signed by a judge or court clerk;
- (o). Library card;
- (p). Grocery store rewards card; or
- (q). For minors, school records such as school identification card, nursery or daycare records.

- All copies of patient's current insurance cards-front and back;
 - Copy of History and Physical (within the last year – must be legible);
 - For Hepatitis and TB testing requirements, refer to policies: *Hepatitis Surveillance, Vaccination and Infection Control Measures* and *Tuberculosis Infection Control Policy*;
 - If patient is a new ESRD patient, pre dialysis labs including hematocrit or hemoglobin, albumin, BUN, creatinine, and, if available, creatinine clearance and/or urea clearance drawn within 45 days prior to first day of dialysis;
 - Monthly labs within 30 days prior to first treatment date including hematocrit, hemoglobin, URR and electrolytes;
 - Copies of three (3) flowsheets within two (2) weeks of requested treatment(s) for patients who have previously dialyzed;
 - Copy of current hemodialysis orders for treatment;
 - EKG, if available, OR if patient has known heart condition;
 - Patient demographics;
 - Copies of most recent Long Term Program, Patient Care Plan, Nursing, Dietary and Social Work Assessments and most recent progress notes for patients who have previously dialyzed;
 - Current list of medications being administered to patient in-center and at home;
 - Advance Directives, if applicable;
 - Initiation of CMS 2728. Once completed, within the 45-day guideline, it should include the patients and nephrologist's signature and date. This is the official document of the patient's first date of dialysis ever, first dialysis modality, and provides transplant information, if applicable;
 - Patient Authorization & Financial Responsibility Form (PAFR). Must be signed and witnessed prior to the start of the first dialysis treatment. This form allows DaVita to receive payment from insurance companies and informs the patient of the financial responsibilities regarding treatment provided to them. Without a signed PAFR Form, we cannot bill for services provided to the patient;
 - CMS 382 Form. Required only for Medicare primary home dialysis patients (home hemo or peritoneal);
 - Medicare Secondary Payor Form (MSP). Determines if a commercial Employer Group Health Plan (EGHP) will be primary payor. Must be completed for all patients who have Medicare coverage when they start treatment at DaVita;
 - DaVita's Privacy Notice/Privacy Practice Notice. Each patient will be provided with the notice.
8. NOTE: If the patient, or personal representative on behalf of the patient, is not able to produce the requested two (2) forms of personal identification verifying the patient's legal name and current legal residence, the teammate admitting the patient should follow the procedures set forth in the Compliance Policy titled "*Patient Identification and Verification Policy*," and any other relevant policies based on the situation at hand.

9. Any conflict with the criteria established or refusal to sign appropriate consents and authorization to bill would constitute a need for prior written authorization by the facility's Operational Vice President or designee.

EXCEPTIONS

1. A permanent DaVita patient may be treated at a facility other than his /her home facility without respect to the required documentation when:
 - a) The attending nephrologist has privileges at both the facilities in question (the patient's home facility and the anticipated visiting facility), and;
 - b) A visiting record is generated by the home facility at least one hour before the scheduled treatment, and;
 - c) The facility administrator at the visiting facility agrees to treat the patient, and;
 - d) The visiting facility has the space and resources to treat the patient.
2. All other exceptions to this policy are subject to approval by the Operational Vice President for the region/division.

Teammates are expected to report possible violations of this policy and procedure. You may make your report to an appropriate DaVita manager, to the Corporate Compliance Hotline (1-888-458-5848) or to DaVita's Corporate Compliance Department (1-888-200-1041 x156037). You may make your report anonymously and you may request confidentiality. Questions regarding this policy should be directed to the QUESTionline@davita.com.



Heartland Region I
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Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

March 19, 2010

Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate of Need (CON) for Change of Ownership
University of Chicago Medical Center – Lake Park

Assurance on Admissions Policies

I herein certify that the admissions policies to the above-mentioned dialysis facility will not become more restrictive. DaVita's policy for accepting patients for treatment states:

“DaVita will accept and dialyze patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion or disability.”

This statement is integral to our mission and core values. Please accept this letter as assurance of DaVita's commitment to accept and to continue to care for patients in this manner going forward.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.
Total Renal Care Inc.

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ATTACHMENT 18B(3)
Page 1 of 2

State of Colorado

County of: Denver

On 4-7-10, before me, Theresa Moran,
Notary Public, personally appeared KENT THIRY
(name(s) of signers)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal

Place Notary Seal Above

Theresa Moran
Signature of Notary Public

My commission expires: 9-4-13

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HEALTH CARE SYSTEM

1. The proposed acquisition will not impact any existing health care facility.
2. A list of all DaVita's in-center hemodialysis facilities is included in Attachment 18C(1) in CON applications ## 10-009 or 10-010.

A list of DaVita's Illinois in-center hemodialysis facilities is included herein in Attachment 18C(2).

DaVita proposes to acquire and operate, through TRC, the three (3) outpatient dialysis facilities owned by the UCMC which are University of Chicago – Woodlawn; University of Chicago – Stony Island; and University of Chicago – Lake Park.

- 3 – 4. There are no current or proposed referral agreements involved in this transaction.
5. The project will have no impact on neighboring ESRD facilities as the transaction consists solely of a change of ownership of existing facilities. The change of ownership will not restrict the use of other area care providers.
6. TRC's care system does not have significant duplication of services.
7. DaVita proposes to add needed stations to the facilities within the next two years.

DaVita will continue to provide the full array of dialysis services including hemodialysis, CAPD, CCPD and home hemodialysis. As new treatment options or technologies emerge (i.e. nocturnal dialysis) DaVita is prepared to provide these services as appropriate.

The change of ownership improves access and continuity of care through DaVita's electronic medical record system which is available via the internet to physicians and other DaVita facilities. The electronic medical record system will improve access and continuity of care to dialysis patients who wish to receive dialysis treatments at other DaVita facilities in the U.S.A. and for dialysis patients needing hospitalizations.

DaVita's In-Center Hemodialysis Facilities in Illinois

| Facility | Ownership | Medicare # | Address | City | HSA 2010 | Number of Stations | In-Center Patients | 12-31-2009 Utilization |
|--|-----------|------------|----------------------------------|---------------|----------|--------------------|--------------------|------------------------|
| Churchview Dialysis - East Rockford | Davita | 142640 | 5970 Churchview Drive | East Rockford | 1 | 24 | 84 | 58.33% |
| Dixon Kidney Center | Davita | 142651 | 1131 North Galena Avenue | Dixon | 1 | 8 | 25 | 52.09% |
| Freeport Dialysis Unit | Davita | 142642 | 1028 Kunkle Avenue | Freeport | 1 | 10 | 55 | 91.67% |
| Rockford Memorial Hospital | Davita | 142647 | 2400 North Rockton Avenue | Rockford | 1 | 20 | 98 | 82.50% |
| Roxbury Dialysis | Davita | 142665 | 612 Roxbury Road | Rockford | 1 | 16 | 87 | 90.63% |
| Sycamore Dialysis | Davita | 142639 | 2200 Gateway Drive | Sycamore | 1 | 12 | 51 | 70.83% |
| Whiteside Dialysis | Davita | 142648 | 2600 North Locust | Sterling | 1 | 15 | 61 | 67.78% |
| | | | | | | 105 | 462 | 73.33% |
| GAMBRO Healthcare - Jacksonville | Davita | 142581 | 1515 West Walnut | Jacksonville | 3 | 14 | 59 | 63.10% |
| GAMBRO Healthcare - Lincoln | Davita | 142582 | 2100 West 5th Street | Lincoln | 3 | 14 | 22 | 26.19% |
| GAMBRO Healthcare - Litchfield | Davita | 142583 | 915 St. Francis Way | Litchfield | 3 | 11 | 42 | 63.64% |
| GAMBRO Healthcare - Springfield Central | Davita | 142586 | 932 North Rutledge Street | Springfield | 3 | 21 | 94 | 74.60% |
| GAMBRO Healthcare - Taylorville | Davita | 142587 | 901 West Sprusser | Taylorville | 3 | 10 | 26 | 43.33% |
| GAMBRO Healthcare - Montvale | Davita | 142590 | 2930 Montvale Drive, Suite A | Springfield | 3 | 17 | 77 | 75.49% |
| GAMBRO Healthcare - Rushville | Davita | 142620 | Route 67 & Route 24, RR #1 | Rushville | 3 | 7 | 25 | 59.52% |
| | | | | | | 94 | 339 | 60.11% |
| GAMBRO Healthcare - Macon County | Davita | 142584 | 1016 West McKinley Avenue | Decatur | 4 | 21 | 78 | 61.90% |
| GAMBRO Healthcare - Mattoon | Davita | 142585 | 200 Richmond Avenue, East | Mattoon | 4 | 16 | 45 | 46.88% |
| GAMBRO Healthcare - East Wood Street | Davita | 142599 | 794 East Wood Street | Decatur | 4 | 16 | 56 | 58.33% |
| GAMBRO Healthcare - Champaign | Davita | 142633 | 507 E. University Avenue | Champaign | 4 | 10 | 30 | 50.00% |
| | | | | | | 63 | 209 | 55.29% |
| Nephroplex Dialysis of Mt. Vernon | Davita | 142541 | 1800 Jefferson Avenue | Mount Vernon | 5 | 14 | 59 | 70.24% |
| Renal Life Link d/b/a Marion Dialysis | Davita | 142570 | 324 South 4th Street | Marion | 5 | 13 | 57 | 73.08% |
| GAMBRO Healthcare - Effingham | Davita | 142580 | 904 Medical Park Drive, Suite #1 | Effingham | 5 | 16 | 54 | 56.25% |
| Nephroplex Dialysis of Benton | Davita | 142608 | 1151 West Route #14 | Benton | 5 | 13 | 58 | 74.36% |
| Nephroplex Dialysis of Centralia | Davita | 142609 | 1231 State Illinois Route 161 E. | Centralia | 5 | 12 | 48 | 68.06% |
| Olney Dialysis Unit Olney | Davita | 142674 | 115 North Boone | Olney | 5 | 7 | 28 | 61.90% |
| Wayne County Dialysis | Davita | 142688 | 303 NW 11th Street | Fairfield | 5 | 8 | 18 | 33.33% |
| Vandalia Dialysis | Davita | 142683 | 301 Mattes Road | Vandalia | 5 | 8 | 11 | 22.92% |
| Robinson Dialysis | Davita | | | Robinson | 5 | 8 | 0 | 0.00% |
| | | | | | | 99 | 330 | 55.56% |
| West Lawn Dialysis | Davita | 142528 | 7000 W. Pulaski | Chicago | 6 | 12 | 1 | 1.29% |
| Lincoln Park Dialysis Center | Davita | 142529 | 3155-57 N. Lincoln Avenue | Chicago | 6 | 21 | 119 | 90.15% |
| Hude Park Kidney Ctr (now Emerald Kidney | Davita | 142534 | 710 W. 43rd Street | Chicago | 6 | 24 | 122 | 84.72% |
| Lincoln Square Dialysis | Davita | 142534 | 2459 North Milwaukee Ave. | Chicago | 6 | 20 | 110 | 84.72% |
| Children's Memorial Hospital | Davita | 142604 | 2611 North Halsted | Chicago | 6 | 9 | 19 | 52.22% |
| Diamond Dialysis Center (Beverly Dialysis) | Davita | 142608 | 8111 South Western Avenue | Chicago | 6 | 12 | 58 | 80.56% |
| Monterey Dialysis Center | Davita | 142649 | 7009 70th West Belmont | Chicago | 6 | 16 | 78 | 81.25% |
| Mount Greenwood Dialysis | Davita | 142660 | 3401 W. 11th Street | Chicago | 6 | 16 | 74 | 77.08% |
| Little Village Dialysis | Davita | 142668 | 2335 W. Cermak Road | Chicago | 6 | 16 | 83 | 86.46% |
| | | | | | | 144 | 664 | 76.85% |

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P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

March 26, 2010

To Whom It May Concern:

DaVita Inc. (the Company or DaVita) overall investment strategy is to maximize shareholder value by maintaining a minimum amount of cash on hand and to use its cash for acquisitions, the construction of new centers, and repurchasing shares, as well as to pay down debt. As a result of the Company's investment strategy, the days cash on hand for 2009 was below the criteria of greater than 45 days at approximately 36 days. In addition, the Company's cushion ratio in 2009 of 2.0 to 1.0 was below the criteria of greater than 5.0 to 1.0.

The Company's day's cash on hand from 2006 through 2009 has ranged from 26 days to 36 days and our cushion ratio has ranged from 1.1 to 2.0 during this same period. However, the Company is projecting its day's cash on hand to be approximately 46 days in 2010 and will increase to 71 days in 2012, exceeding the minimum requirement of 45 days of cash on hand. The Company's cushion ratio is also projected to remain below the required levels, during 2010 and 2011, but is projected to exceed the minimum requirement in 2012 as the Company continues to grow its cash primarily from strong operating cash flows. The Company plans to continue growing through acquisitions, developing new centers, repurchasing shares of its common stock and paying down debt in order to maximize shareholder value. In 2009 the Company acquired 19 new centers for approximately \$88 million and spent approximately \$275 million for capital asset expenditures for new center developments, relocations and for maintenance and information technology. The Company has also spent approximately \$154 million to repurchase 2.9 million shares of its common stock. The Company currently has approximately \$500 million remaining authorization for share repurchases which will impact future results.

Except for the days on hand, and the cushion ratio in 2009, and the projected cushion ratio for 2010 and 2011 as discussed above, the other ratios, in Section XXIX, Review of Criteria Relating to Financial Feasibility, for 2006 through 2009, as well as the projections for 2010 through 2012 are within the acceptable ranges and indicate that the Company has the ability to support the acquisition and development of additional dialysis centers because of its strong continued operating results including reliable and strong operating cash flow. As an example, for the year ended December 31, 2009, the Company generated approximately \$667 million of operating cash flow.

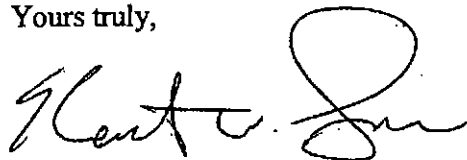
Service Excellence • Integrity • Team • Continuous Improvement • Accountability • Fulfillment

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ATTACHMENT 75(1)
Page 1 of 2

The Company is currently in compliance with all of its financial bank covenants, and has sufficient liquidity and operating cash flows and we believe has access to borrowings to fund its scheduled debt service and other obligations for the foreseeable future. The Company has an undrawn revolving line of credit for \$250 million of which \$52 million is allocated for letters of credit available for liquidity purposes at any time.

Yours truly,

A handwritten signature in black ink, appearing to read "Kenneth W. Lamb". The signature is fluid and cursive, with a large loop at the end.

Kenneth W. Lamb, CPA
Senior Director of Financial Reporting

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P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

March 29, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

RE: University of Chicago – Lake Park Change of Ownership
Documentation of Financing

Dear Ms. Wozniak:

DaVita Inc., through its operating entity Total Renal Care Inc. (TRC), wishes to purchase substantially all of the assets of the University of Chicago – Lake Park, a 20-station chronic renal dialysis facility located at 1531 Hyde Park Boulevard in Chicago, Illinois (60615.)

TRC will assume the facility's existing lease. The facility has 8,085 gross square feet (gsf.) The lease terms are \$22.03 per gsf triple net.

DaVita Inc. will provide equity financing for this project. The estimated total project cost is \$2,737,926, excluding the fair market value (FMV) of the space to be leased.

In addition, DaVita Inc. will provide all necessary working capital to cover any initial operating deficit and start-up costs anticipated to be four month's operating expenses.

I have enclosed our 2009 audited financial statements to support our liquidity.
If you have any further questions, please contact me.

Sincerely,

Jim Hilger
Vice President and Controller
Enclosures

ATTACHMENT 75(2)
Page 1 of 8

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-K

For the Fiscal Year Ended

December 31, 2009

**ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

Commission File Number: 1-14106

DAVITA INC.

601 Hawaii Street

El Segundo, California 90245

Telephone number (310) 536-2400

Delaware
(State of incorporation)

51-0354549
(I.R.S. Employer
Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Class of Security:

Common Stock, \$0.001 par value
Common Stock Purchase Rights

Registered on:

New York Stock Exchange
New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer Accelerated filer Non-accelerated filer Smaller reporting company
(Do not check if a smaller reporting company)

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No

As of June 30, 2009, the number of shares of the Registrant's common stock outstanding was approximately 104.0 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$5.1 billion.

As of January 29, 2010, the number of shares of the Registrant's common stock outstanding was approximately 103.2 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$6.2 billion.

Documents incorporated by reference

Portions of the Registrant's proxy statement for its 2010 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

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Page 2 of 8

DAVITA INC.

MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "Internal Control—Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2009.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2009, in conformity with U.S. generally accepted accounting principles.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), and our report dated February 25, 2010 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). DaVita Inc.'s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying "Management's Report on Internal Control Over Financial Reporting". Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit.

We conducted our audit in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

In our opinion, DaVita Inc. maintained, in all material respects, effective internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by COSO.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009, and our report dated February 25, 2010 expressed an unqualified opinion on those consolidated financial statements.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

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DAVITA INC.
CONSOLIDATED STATEMENTS OF INCOME
(dollars in thousands, except per share data)

| | Year ended December 31, | | |
|---|-------------------------|--------------|--------------|
| | 2009 | 2008 | 2007 |
| Net operating revenues | \$ 6,108,800 | \$ 5,660,173 | \$ 5,264,151 |
| Operating expenses and charges: | | | |
| Patient care costs | 4,248,668 | 3,920,487 | 3,590,344 |
| General and administrative | 531,531 | 508,240 | 491,236 |
| Depreciation and amortization | 228,986 | 216,917 | 193,470 |
| Provision for uncollectible accounts | 161,786 | 146,229 | 136,682 |
| Equity investment income | (2,442) | (796) | (1,217) |
| Valuation gain on alliance and product supply agreement | — | — | (55,275) |
| Total operating expenses and charges | 5,168,529 | 4,791,077 | 4,355,240 |
| Operating income | 940,271 | 869,096 | 908,911 |
| Debt expense | (185,755) | (224,716) | (257,147) |
| Other income, net | 3,708 | 12,411 | 22,460 |
| Income before income taxes | 758,224 | 656,791 | 674,224 |
| Income tax expense | 278,465 | 235,471 | 245,581 |
| Net income | 479,759 | 421,320 | 428,643 |
| Less: Net income attributable to noncontrolling interests | (57,075) | (47,160) | (46,865) |
| Net income attributable to DaVita Inc. | \$ 422,684 | \$ 374,160 | \$ 381,778 |
| Earnings per share: | | | |
| Basic earnings per share attributable to DaVita Inc. | \$ 4.08 | \$ 3.56 | \$ 3.61 |
| Diluted earnings per share attributable to DaVita Inc. | \$ 4.06 | \$ 3.53 | \$ 3.55 |
| Weighted average shares for earnings per share: | | | |
| Basic | 103,603,885 | 105,149,448 | 105,893,052 |
| Diluted | 104,167,685 | 105,939,725 | 107,418,240 |

See notes to consolidated financial statements.

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DAVITA INC.
CONSOLIDATED BALANCE SHEETS
(dollars in thousands, except per share data)

| | December 31, | |
|--|--------------|-------------|
| | 2009 | 2008 |
| ASSETS | | |
| Cash and cash equivalents | \$ 539,459 | \$ 410,881 |
| Short-term investments | 26,475 | 35,532 |
| Accounts receivable, less allowance of \$229,317 and \$211,222 | 1,105,903 | 1,075,457 |
| Inventories | 70,041 | 84,174 |
| Other receivables | 263,456 | 239,165 |
| Other current assets | 40,234 | 33,761 |
| Income tax receivable | — | 32,130 |
| Deferred income taxes | 256,953 | 217,196 |
| Total current assets | 2,302,521 | 2,128,296 |
| Property and equipment, net | 1,104,925 | 1,048,075 |
| Amortizable intangibles, net | 136,732 | 160,521 |
| Equity investments | 22,631 | 19,274 |
| Long-term investments | 7,616 | 5,656 |
| Other long-term assets | 32,615 | 47,330 |
| Goodwill | 3,951,196 | 3,876,931 |
| | \$7,558,236 | \$7,286,083 |
| LIABILITIES AND EQUITY | | |
| Accounts payable | \$ 176,657 | \$ 282,883 |
| Other liabilities | 461,092 | 495,239 |
| Accrued compensation and benefits | 286,121 | 312,216 |
| Current portion of long-term debt | 100,007 | 72,725 |
| Income taxes payable | 23,064 | — |
| Total current liabilities | 1,046,941 | 1,163,063 |
| Long-term debt | 3,532,217 | 3,622,421 |
| Other long-term liabilities | 87,692 | 101,442 |
| Alliance and product supply agreement, net | 30,647 | 35,977 |
| Deferred income taxes | 334,855 | 244,884 |
| Total liabilities | 5,032,352 | 5,167,787 |
| Commitments and contingencies | | |
| Noncontrolling interests subject to put provisions | 331,725 | 291,397 |
| Equity: | | |
| Preferred stock (\$0.001 par value, 5,000,000 shares authorized; none issued) | 135 | 135 |
| Common stock (\$0.001 par value, 450,000,000 shares authorized; 134,862,283 shares issued; 103,062,698 and 103,753,673 shares outstanding) | 621,685 | 584,358 |
| Additional paid-in capital | 2,312,134 | 1,889,450 |
| Retained earnings | (793,340) | (691,857) |
| Treasury stock, at cost (31,799,585 and 31,108,610 shares) | (5,548) | (14,339) |
| Accumulated other comprehensive loss | — | — |
| Total DaVita Inc. shareholders' equity | 2,135,066 | 1,767,747 |
| Noncontrolling interests not subject to put provisions | 59,093 | 59,152 |
| Total equity | 2,194,159 | 1,826,899 |
| | \$7,558,236 | \$7,286,083 |

See notes to consolidated financial statements.

DAVITA INC.
CONSOLIDATED STATEMENTS OF CASH FLOW
(dollars in thousands)

| | Year ended December 31, | | |
|--|-------------------------|-------------------|-------------------|
| | 2009 | 2008 | 2007 |
| Cash flows from operating activities: | | | |
| Net income | \$ 479,759 | \$ 421,320 | \$ 428,643 |
| Adjustments to reconcile net income to cash provided by operating activities: | | | |
| Depreciation and amortization | 228,986 | 216,917 | 193,470 |
| Valuation gain on alliance and product supply agreement | — | — | (55,275) |
| Stock-based compensation expense | 44,422 | 41,235 | 34,149 |
| Tax benefits from stock award exercises | 18,241 | 13,988 | 32,788 |
| Excess tax benefits from stock award exercises | (6,950) | (8,013) | (25,541) |
| Deferred income taxes | 50,869 | 94,912 | 18,601 |
| Equity investment income, net | (204) | (796) | (1,217) |
| Loss (gain) on disposal of assets | 9,761 | 15,216 | (2,825) |
| Non-cash debt expense and non-cash rent charges | 11,184 | 11,794 | 12,713 |
| Changes in operating assets and liabilities, net of effect of acquisitions and divestitures: | | | |
| Accounts receivable | (32,313) | (149,939) | 15,911 |
| Inventories | 15,115 | (2,715) | 11,271 |
| Other receivables and other current assets | (35,104) | (40,960) | (61,049) |
| Other long-term assets | 7,288 | (11,929) | (14,528) |
| Accounts payable | (104,879) | 57,422 | (9,216) |
| Accrued compensation and benefits | (9,138) | (31,602) | 9,691 |
| Other current liabilities | (43,543) | 8,871 | 657 |
| Income taxes | 44,578 | (30,087) | (12,942) |
| Other long-term liabilities | (11,362) | 8,067 | 5,764 |
| Net cash provided by operating activities | <u>666,710</u> | <u>613,701</u> | <u>581,065</u> |
| Cash flows from investing activities: | | | |
| Additions of property and equipment | (274,605) | (317,962) | (272,212) |
| Acquisitions | (87,617) | (101,959) | (127,094) |
| Proceeds from asset sales | 7,697 | 530 | 12,289 |
| Purchase of investments available-for-sale | (2,062) | (2,009) | (52,085) |
| Purchase of investments held-to-maturity | (22,664) | (21,048) | (23,061) |
| Proceeds from the sale of investments available-for-sale | 16,693 | 21,291 | 32,274 |
| Proceeds from maturities of investments held-to-maturity | 16,380 | 21,355 | 4,795 |
| Purchase of equity investments | (2,100) | — | (17,550) |
| Distributions received on equity investments | 2,547 | 908 | 1,134 |
| Purchase of intangible assets | (329) | (65) | (2,291) |
| Other investment activity | — | 1,220 | (2,942) |
| Net cash used in investing activities | <u>(346,060)</u> | <u>(397,739)</u> | <u>(446,743)</u> |
| Cash flows from financing activities: | | | |
| Borrowings | 18,767,592 | 17,089,018 | 13,113,640 |
| Payments on long-term debt | (18,828,824) | (17,102,569) | (13,160,942) |
| Deferred financing costs | (42) | (130) | (4,511) |
| Purchase of treasury stock | (153,495) | (232,715) | (6,350) |
| Excess tax benefits from stock award exercises | 6,950 | 8,013 | 25,541 |
| Stock award exercises and other share issuances, net | 67,908 | 40,247 | 62,902 |
| Distributions to noncontrolling interests | (67,748) | (59,357) | (48,029) |
| Contributions from noncontrolling interests | 13,071 | 19,074 | 14,735 |
| Proceeds from sales of additional noncontrolling interests | 9,375 | 10,701 | 5,536 |
| Purchases from noncontrolling interests | (6,859) | (24,409) | — |
| Net cash (used in) provided by financing activities | <u>(192,072)</u> | <u>(252,127)</u> | <u>2,522</u> |
| Net increase (decrease) in cash and cash equivalents | 128,578 | (36,165) | 136,844 |
| Cash and cash equivalents at beginning of year | 410,881 | 447,046 | 310,202 |
| Cash and cash equivalents at end of year | <u>\$ 539,459</u> | <u>\$ 410,881</u> | <u>\$ 447,046</u> |

See notes to consolidated financial statements.

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ATTACHMENT 75(2)
Page 8 of 8

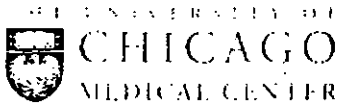
AVAILABILITY OF FINANCING

Space Lease

Please refer to the following documents.

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**ATTACHMENT 75(3)
42 pages**



March 11, 2010

VIA FED EX OVERNIGHT MAIL

Mr. Eli Unger
Antheus Capital, LLC
32 North Dean Street
2nd Floor
Englewood, New Jersey 07631

**Re: Lease for University of Chicago Hospitals at Village Center
1531 East Hyde Park Boulevard, Chicago, Illinois**

Dear Mr. Unger:

As we discussed, The University of Chicago Medical Center, lessee of the captioned premises, plans to assign its interest in the captioned lease to DaVita upon sale of its dialysis sites.

This letter shall represent your consent under Article XVIII (1) of the Lessee to such assignment of Lessee's interest to DaVita, with said assignment to be executed by a separate document.

Please review and sign below on both originals and return by pdf attached to email to me at as soon as possible. Also, please return one original in the enclosed envelope. Thank you for your cooperation in this regard.

Sincerely,

Jeff Finesilver
Vice President, Comer
The University of Chicago Medical Center

Agreed to by:

Eli Unger
Antheus Capital, LLC

COPY

**THE
UNIVERSITY
OF CHICAGO
HOSPITALS**

VICE PRESIDENT
THE UNIVERSITY
OF CHICAGO
HOSPITALS
and
DIRECTOR
CENTER FOR
ADVANCED
MEDICINE

September 3, 2002

Via Registered U.S. Mail, with copy via facsimile to (312) 527-4639

Ms. Lex W. McCarthy
Senior Vice President
Mr. Matthew J. Martin
Property Manager
Mr. Daniel E. Levin
The Habitat Company
350 West Hubbard St, Suite 500
Chicago, IL 60610

**RE: Notice to Exercise Lease Extension Option
Lease for University of Chicago Hospitals at Village Center
1531 East Hyde Park Boulevard, Chicago, IL**

AMB W-606 MC 6091
5841 South
Maryland Avenue
Chicago, Illinois
60637-1470

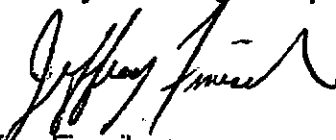
Office: 773/702-9797
Fax: 773/702-4427
E-mail: jeff@medicine.
bsd.uchicago.edu

Dear Ms. McCarthy, Mr. Martin, Mr. Levin:

Pursuant to the provisions of Paragraph 1.F. of the lease dated May 1, 1992, by and between American National Bank and Trust Company, not individually, but solely as Trustee under Trust No. 20960 ("Lessor") and the University of Chicago Hospitals ("Lessee") (the "Lease"), Lessee hereby notifies Lessor of its intent to extend the Lease for the first five year option period.

Regards,

University of Chicago Hospitals


Jeffrey Finesilver
Vice-President, Hospitals
Director, Center for Advanced Medicine

BERNARD
MITCHELL
HOSPITAL

CHICAGO
LYING-IN
HOSPITAL

UNIVERSITY
OF CHICAGO
CHILDREN'S
HOSPITAL

DUCHOSSOIS
CENTER FOR
ADVANCED
MEDICINE

WEISS
MEMORIAL
HOSPITAL.

Cc P. Cuellar
D. David

99



C:\wp51\uofchgo.lse
04/10/92-jcr:dt

*Copy Paula Guelles
→ me*

*Paula Guelles
→ me*

V I L L A G E C E N T E R
L E A S E

*3-16-99 per compensation
w/ Pat Phillips - OK to have
3 parking passes.*

April , 1992

100

1. BASIC LEASE PROVISIONS.

- A. Building Address: 1531 E. Hyde Park Blvd.
Chicago, Illinois 60615
- B. Landlord and Address: American National Bank and Trust
Co. of Chicago not
individually, but as Trustee
under a trust agreement dated
January 7, 1965 and known as
Trust No. 20960
c/o The Habitat Company
405 North Wabash Avenue
Chicago, Illinois 60611
- C. Tenant and Current Address: The University of Chicago
Hospitals 5841 S. Maryland
Avenue, Chicago, IL 60637
- D. Use: Medical Offices and Facilities
- E. Date of Lease: MM 1, ⁹⁰⁷~~1991~~ 1992
- F. Lease Term: Ten Years plus two five year
options
- G. Commencement Date of Term: The earlier to occur of (a) the
date Tenant improvements have
been completed, (b) the date
Tenant commences business
operations in the Premises; or
(c) October 1, 1992
- H. Expiration Date of Term: The day immediately preceding
the date which is ten years
after the Commencement Date,
subject to extension options
- I. Annual Base Rent: Space A - \$76,395
Space B - \$32,753
- J. Annual Base Rent Escalation: \$.50 per square foot during each
of 1st 5 years; Annual CPI
Adjustment thereafter
- K. Rentable Area of Premises: Space A - 6100 sq. ft.
Space B - 1985 sq. ft.
8085 sq. ft.
- L. Rentable Area of Building: 65,800 Square Feet
- M. Tenant's Proportionate Share: 12.29 Percent
- N. Percentage Rent: Not Applicable

- O. Common Area Maintenance
Base Year: 1991
- P. Real Estate Tax Base Year: 1991
- Q. Adjustment Dates: October 1, 1993 and each
October 1 Thereafter

1. **BASIC LEASE PROVISIONS.**
(Continued)

| | |
|------------------------|----------------------------------|
| R. Security Deposit: | None |
| S. Floor of Premises: | First |
| T. Broker: | The Habitat Company |
| U. Exhibits: | Exhibit A-Floor Plan of Premises |
| V. Hours of Operation: | At Lessee's Discretion |

VILLAGE CENTER PROFESSIONAL BUILDING LEASE

ARTICLE I

Premises

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, not individually, but as Trustee under a Trust Agreement dated January 7, 1965 and known as Trust Number 20960 ("Lessor"), hereby leases to The University of Chicago Hospitals ("Lessee"), for use only by the Lessee, the premises (the "Premises") shown on Exhibit A attached hereto containing a total of 8,085 square feet, in the Professional Building (the "Building") of the Shopping Center (the "Shopping Center") known as Village Center, constructed on the southwest corner of Hyde Park Boulevard and Lake Park Avenue, Chicago, Illinois, subject to the terms and provisions hereinafter set forth.

ARTICLE II

Rent

Lessee covenants to pay at the office of The Habitat Company, 405 North Wabash Avenue, Chicago, Illinois 60611 or at such other place as Lessor may from time to time designate in writing, rent for the Premises as follows:

(1) Base Rent ("Base Rent"). Tenant shall pay to Landlord Base Rent in the annual amount set forth in paragraph 1I of the Basic Lease Provisions. Base Rent is subject to adjustment pursuant to Paragraph 2 below on the first day of each lease year during the Term. Base Rent shall be prorated for partial months within the Term.

(2) Commencing with the second year of the Lease Term and through the fifth year thereof Tenant shall pay as additional Base Rent an amount equal to the Base Rent payable for the preceding year plus \$.50 per square foot. By way of illustration, the aggregate Base Rent for the second year will be \$113,190.50.

(3) On an annual basis commencing with October, 1997, the Base Rent for each year shall be adjusted by an amount equal to the product of the Base Rent for the prior year multiplied by a fraction, the numerator of which is the difference between the Consumer Price Index for the month of October of such year and the Consumer Price Index for October of the prior year (but in no event shall such numerator be less than zero) and the denominator of which is the Consumer Price Index for the month in which the Commencement Date occurs; provided, however, that in no event shall the Base Rent as so adjusted for any particular year be less than the Base Rent for the immediately preceding year. As used herein, "Consumer Price Index" shall mean the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor for Chicago, Illinois-Northwestern Indiana (and effective as of October 1987, for Chicago-Gary-Lake County, IL-IN-WI), All Items, (1982-84=100). If the manner in which the Consumer Price Index is determined by the Bureau of Labor Statistics shall be substantially revised, including, without

limitation, a change in the base index year, an adjustment shall be made by Lessor in such revised index which would produce results equivalent as nearly as possible to those which would have been obtained if the Consumer Price Index had not been so revised. If the Consumer Price Index shall become unavailable to enable Lessor to make the adjustment referred to in the preceding sentence, then Lessor will substitute a comparable index based upon changes in the cost of living or purchasing power of the consumer dollar published by any other governmental agency or, if no such index shall be available, then a comparable index published by a major bank, financial institution, university or a recognized financial publication.

(4) Any and all other sums and charges which Lessee is required to pay pursuant to the provisions of this Lease shall be deemed to be additional rent and shall be payable within ten (10) days after notice thereof from Lessor.

(5) Base Rent and all additional rent (including the additional rent described in Article XXIX of this Lease) are collectively referred to in this Lease as "Rent". All delinquent rent shall bear interest at the rate of twelve percent (12%) per annum from the date due until paid. Lessee's covenant to pay rent shall be independent of every other covenant of this Lease. Lessee agrees to pay Rent at the times herein specified without any prior demand therefor and without any offset or deduction whatsoever.

ARTICLE III

INTENTIONALLY DELETED

ARTICLE IV

INTENTIONALLY DELETED

ARTICLE V

Definition of Lease Year

The term "Lease Year" as used in this Lease shall mean a one year period beginning on the Commencement Date (or any annual anniversary date of such Commencement Date) and expiring on the day immediately preceding the date which is one year thereafter.

ARTICLE VI

Use of Premises

(1) The Premises shall be used and occupied only for the purposes set forth in Paragraph 1D of the Basic Lease Provisions and for no other use or purpose.

(2) Lessee shall not perform any acts or carry on any practices which may injure the Building or be a nuisance or menace to other tenants in the Shopping Center and shall keep the Premises under its

control, including sidewalks adjacent to the Premises and loading platform areas, clean and free from rubbish and dirt at all times and shall store all trash and garbage in containers provided by Lessor. Lessor shall be responsible for the removal of all ordinary trash from the Premises (exclusive of "Red Bag" material) and shall keep the sidewalks in front of the Premises free of snow, ice and obstructions. Lessee shall be responsible for the removal of all "Red Bag" material from the Premises and shall provide that all such material shall be stored and removed in a safe and sanitary manner and in accordance with all governmental regulations relative thereto. Lessee shall indemnify and hold Lessor harmless from any and all liability, loss, damage, cost and expense (including attorney's fees and costs) relating to the removal and disposal of all of said material, which indemnification shall survive the termination of this Lease.

ARTICLE VII

Parking Areas, Mall Areas

Lessor has at its expense constructed in the Shopping Center a parking area or areas, walkways and other common areas. These common areas shall be for the joint use of all the Lessees and customers of the Lessees of the Shopping Center, except that the parking area shall be for the use only of the customers of the Lessees and Lessee agrees not to permit its employees to park in such parking area. Lessor shall maintain the parking area in a good and safe condition.

ARTICLE VIII

Utilities

Lessee shall pay for all heat, air conditioning, gas, water, and electricity used in the Premises. ~~Lessor will furnish heating and air conditioning units sufficient to provide comfortable occupancy and represents to Lessee that said equipment will be in good working order and condition as of the Commencement Date of this Lease.~~

ARTICLE IX

Installations, Alterations, Signs and Fixtures

(1) Lessee acknowledges that it is familiar with the Premises and is accepting the Premises in an "as-is" condition, without representation or warranty by Lessor as to the condition of the Premises and without agreement by Lessor to improve the Premises in any manner, except as provided in Article XXXIII hereof. Lessee at its own expense shall provide, install and maintain all necessary lighting fixtures, partitions, interior painting and decorating and any other improvements necessary to make the Premises suitable for Lessee's purposes.

(2) Lessee shall not erect or install any exterior or interior window or door signs, advertising media or window or door lettering or placards (collectively "Signs") without Lessor's prior written consent. Lessee shall not install any exterior lighting or plumbing fixtures, shades or awnings, or make any exterior decoration or painting, or make any changes to the store front without Lessor's prior written consent,

which consent shall not be unreasonably withheld. Use of roof is reserved to Lessor.

(3) Lessor's consent to Lessee's erection or installation of any Sign shall not constitute a waiver of the requirement in paragraph (2) of this Article IX that Lessee obtain Lessor's prior written consent to Lessee's erection or installation of any Sign.

(4) If Lessor consents to the erection of any Sign by a Lessee at the Shopping Center other than the Lessee, it shall not constitute a waiver of the requirement in paragraph (2) of this Article IX that Lessee obtain Lessor's prior written consent to Lessee's erection or installation of any Sign.

(5) Lessee shall not make any alterations in or additions to the Premises nor make any contract therefor, without first procuring Lessor's written consent, which shall not be unreasonably withheld, and delivering to Lessor the plans, specifications, names and addresses of contractors, copies of proposed contracts and the necessary permit all in form and substance satisfactory to Lessor, and furnishing indemnification against liens, costs, damages and expenses as may be required by Lessor. All alterations, additions, improvements and fixtures, other than Lessee's fixtures, which may be made or installed by Lessee upon the Premises, shall be the property of Lessor and shall remain without disturbance, molestation or injury at the termination of this Lease, whether by the lapse of time or otherwise, all without compensation or credit to Lessee. Any floor covering that is cemented or otherwise adhesively affixed to the floor of the Premises shall be considered a non-trade fixture. All trade fixtures not so removed by Lessee shall become the property of Lessor.

(6) Lessee agrees to promptly pay for any work done or material furnished in or about the Premises and authorized by Lessee and will not permit or suffer any lien to attach to the Premises. Lessee shall promptly cause any such lien or any claim therefor to be released; provided, however, that in the event Lessee contests any such claim Lessee may do so, but must indemnify and secure Lessor to its satisfaction against any charge or liability therefor.

ARTICLE X

Maintenance and Repairs

(1) Lessor shall keep the concrete floor, the electrical, sewer and plumbing systems coming to the Premises, the foundations (exclusive of floor surfacing materials or coverings), exterior walls (~~except plate glass or glass or other breakable materials used in structural portions~~) and roof in good repair, and if necessary or required by proper governmental authority, shall make modifications or replacements thereof, except that Lessor shall not be required to make any such repairs, modifications or replacements which become necessary or desirable by reason of the negligence of Lessee, its sublessees or assignees or their agents, servants or employees. MB
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(2) Except as otherwise provided herein, the Lessor shall not be obligated to make repairs, replacements or improvements of any kind upon the Premises, or any equipment, facilities or fixtures therein

contained, but the same shall at all times be kept in good clean order, tenantable condition and repair by Lessee, at Lessee's own cost and expense.

(3) Lessee shall forthwith at its own cost and expense replace with glass of the same quality any cracked or broken glass, including plate glass or other breakable materials used in structural portions, and any interior and exterior windows and doors in the Premises. Lessee shall procure and maintain during the Term a policy or policies with acceptable companies, insuring Lessor and Lessee, as their interests may appear, against breakage of all such glass in the Premises and shall deposit such policy or policies, or certificates evidencing premiums thereon, with Lessor at the commencement of the Term and at least thirty (30) days prior to the expiration of each such policy. If Lessee fails to comply with such requirement, Lessor may obtain such insurance and keep the same in force and effect, and Lessee shall pay Lessor upon demand from time to time the premium cost thereof. Notwithstanding the foregoing Lessee's obligations hereunder shall only be applicable in the event of negligence or misuse by Tenant or its invitees *and* Landlord shall be responsible for the replacement of all glass broken as a result of vandalism or Landlord's negligence. ga?
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ARTICLE XI

Laws, Ordinances and General Conditions

(1) Lessee agrees to promptly comply with all laws, ordinances, orders and regulations affecting the Premises and the cleanliness, safety, operation and use thereof.

(2) Lessee agrees not to: (a) permit any unlawful practice to be carried on or committed on the Premises; (b) keep or use or permit to be kept or used on the Premises any flammable fluids or explosives without the prior written permission of Lessor; (c) use the Premises for any purpose whatsoever which is deemed by a court of competent jurisdiction to constitute a nuisance or for any purpose which might injure the reputation of the Shopping Center; (d) deface or injure the Building or the Premises; (e) overload the floors of the Premises; (f) create or allow to exist any environmental hazard in the Premises; or (g) commit or suffer any waste.

ARTICLE XII

Subordination

(1) Lessee agrees that this Lease shall be subordinate to any mortgages or trust deeds that now exist or which may hereafter be placed upon the Premises or the land of which the Premises are a part, and to any and all advances to be made thereunder, and to the interest thereon, and all renewals, replacements, and extensions thereof. In the event of foreclosure, Lessee shall attorn to and recognize such mortgagee or purchaser in foreclosure. In the event of any mortgagee or trustee electing to have Lessee's interest under this Lease prior to its mortgagee or deed of trust, then and in such event (upon such mortgagee or trustee notifying Lessee to that effect), this Lease shall be deemed prior to the said mortgage or trust deed, whether this Lease is dated prior to or subsequent to the date of said mortgage or trust deed.

(2) Lessee shall upon written demand from Lessor execute such other and further instruments or assurances subordinating this Lease to the underlying lien or liens of any such mortgage, or mortgages, or trust deeds, but subject to the matters aforesaid.

(3) Nothing herein contained shall empower the Lessee to do any act which can, may or shall cloud or encumber the Lessor's title.

ARTICLE XIII

Insurance

(1) Lessee shall not do anything in or about the Premises which will in any way impair or invalidate the obligation of any policy of insurance relating to the Building. If Lessee installs any electrical equipment which overloads the electrical facilities, Lessee shall at its own expense make whatever changes as are necessary to comply with all requirements of Insurance Underwriters and governmental authorities having jurisdiction, but no changes shall be made by Lessee until Lessee first submits to Lessor plans and specifications for the proposed work and obtains Lessor's written approval of the same.

(2) Lessee shall procure from companies satisfactory to Lessor and maintain during the Term at its own cost and expense, a policy or policies of insurance issued by companies satisfactory to Lessor insuring Lessor and Lessee as their interests may appear, against public liability covering the Premises and the use and operation thereof with limits of not less than \$1,000,000 for each person and \$1,000,000 for each accident for bodily injury and \$100,000 for property damage. No insurance required to be procured and maintained by Lessee under the provisions of this Lease shall be subject to cancellation except after ten (10) days prior written notice to Lessor. All policies of insurance required to be furnished hereunder, together with receipts or other documents satisfactory to Lessor showing payment of the premiums thereon shall be deposited with Lessor prior to the Commencement Date and renewals thereof not less than thirty (30) days prior to the expiration of the term of such coverage; provided, however, that if Lessee shall maintain any insurance required hereunder under a blanket policy, Lessee shall have sufficiently complied with the terms hereof by furnishing Lessor a certificate or certificates for the same. If Lessee fails to comply with such requirement, Lessor may obtain such insurance and keep the same in effect, and Lessee shall pay Lessor the premium cost thereof upon demand.

(3) Whenever (a) any loss, cost, damage or expense resulting from fire, explosion or any other casualty or occurrence is incurred by either of the parties to this Lease in connection with the Premises or the Building in which the Premises are located, and (b) such party is then covered in whole or in part by insurance with respect to such loss, cost, damage or expense, then the party so insured hereby releases the other party from any liability it may have on account of such loss, cost, damage or expense to the extent of any amount recovered by reason of such insurance, and waives any right of subrogation which might otherwise exist in or accrue to any person on account thereof, provided that such release of liability and waiver of the right of subrogation shall not be operative in any case where the effect thereof is to invalidate such insurance coverage or increase the cost thereof

(provided, that in the case of increased cost, the other party shall have the right, within thirty (30) days following written notice, to pay such increased cost, thereupon keeping such release and waiver in full force and effect).

ARTICLE XIV

Covenant to Hold Harmless

Lessee agrees to indemnify and save Lessor, its beneficiaries and agents harmless against and from any and all claims, damages, costs and expenses, including reasonable attorneys' fees, arising from the conduct or management of the business conducted by Lessee in the Premises or from any breach or default on the part of Lessee in the performance of any covenant or agreement on the part of Lessee to be performed pursuant to the terms of this Lease, or from any act of negligence of Lessee, its agents, contractors, servants, employees, subLessees, concessionaires, or licensees in or about the Premises. In case any action or proceeding be brought against Lessor or its beneficiaries or both, by reason of any such claim, Lessee, upon notice from Lessor, covenants to defend such action or proceeding by counsel reasonably satisfactory to Lessor. It is further understood and agreed that to the maximum extent permitted by law, Lessor shall not be liable for, and Lessee waives and releases all claims for, damage to person or property sustained by Lessee or Lessee's employees, agents, servants, invitees or customers resulting from the Building or the Premises, or any equipment or appurtenance, becoming out of repair, or resulting from any accident in or about the Building or the Premises, or resulting directly or indirectly from any act or neglect of any other Lessee or occupant in the Shopping Center. Notwithstanding any provisions to the contrary above, no such claim shall be deemed waived or barred which shall be based upon the intentional torts or sole negligence of Lessor or its agents.

ARTICLE XV

Damage by Fire or Other Casualty

(1) In the event the Building or the Premises shall be partially or totally destroyed by fire, explosion, windstorm or other casualty so as to be partially or totally untenable, Lessor may repair or restore the same after such destruction or damage, or may terminate this lease as of the date of the destruction or damage, in either case by giving Lessee notice within sixty (60) days after the date of the destruction or damage. If Lessor elects to repair or restore the Premises Lessor shall commence such repair or restoration within one hundred (100) days of the date of such damage and shall proceed with such repair or restoration in an expeditious manner. If this Lease is terminated under this paragraph (1), the Base Rent shall abate if the Premises are untenable (and Lessee does not occupy the Premises as a result of such untenability) on a per diem basis during the period of restoration.

(2) In the event the Building is damaged as aforesaid but is not thereby rendered untenable, Lessor shall repair and restore the Building with reasonable dispatch, and while such damage is being repaired, Lessee, if deprived of any portion of the Premises, shall be entitled to an equitable abatement of the Base Rent as mutually agreed by the parties.

ARTICLE XVI

Eminent Domain

(1) If substantially all of the Premises shall be taken by any public authority under the power of eminent domain, then this Lease shall automatically terminate without further notice by either party hereto as of the day possession shall be taken by such public authority and Rent shall be paid to that date with a proportionate refund by Lessor of such Rent as may have been paid in advance.

(2) If more than one-third of the ground floor area of the Premises shall be taken under eminent domain, Lessee shall have the right to terminate this Lease, or (subject to Lessor's right of termination as hereinafter set forth in the Article) to continue in possession of the remainder of the Premises and Lessee shall notify Lessor in writing within ten (10) days after such taking, of Lessee's election. In the event Lessee elects to remain in possession, all of the terms herein provided shall continue in effect, except that the Base Rent shall be reduced in proportion to the amount of the Premises taken, and Lessor shall at its own cost and expense make all necessary repairs or alterations to the Building so as to constitute the remaining Premises a complete architectural unit. If more than one-third of the ground floor area of the Premises shall be taken under power of eminent domain or if the unexpired portion of the Term shall be two years or less at the date of taking of any portion of the Premises, Lessor may terminate this Lease by written notice to Lessee delivered within thirty (30) days after the order taking said property.

(3) In any event, all damages awarded for such taking under the power of eminent domain, whether for the whole or a part of the Premises, shall belong to and be the property of Lessor whether such damages shall be awarded as compensation for diminution in value to the leasehold or to the fee of the Premises or both; provided, however, that Lessor shall not be entitled to any award made to Lessee for loss of business or depreciation to, and cost of removal of, fixtures, equipment and furnishings of Lessee.

(4) For purposes of this Lease, the term "eminent domain" shall include any purchase or other acquisition in lieu of condemnation and the exercise of any similar governmental power.

ARTICLE XVII

Access to Premises

Lessor reserves the right to enter upon the Premises at reasonable hours to inspect the same, or to make repairs, additions or alterations to the Premises or other property, or to exhibit the Premises to prospective tenants, purchasers or others, and to enter the Premises at any time in the event of an emergency.

ARTICLE XVIII

Assignment and Subletting

(1) Lessee agrees not to sell, assign, mortgage, pledge, or in any manner transfer this Lease or any estate or interest thereunder and not to sublet the Premises or any part or parts thereof and not to permit any licensee or concessionaire therein without the previous written consent of Lessor in each instance which consent shall not be unreasonably withheld. Consent by Lessor to one assignment of this Lease or to one subletting of the Premises shall not be a waiver of Lessor's rights under this Article XVIII as to any subsequent assignment or subletting. Lessor's rights to assign this Lease are and shall remain unqualified.

(2) In addition, Lessee shall not allow or permit any transfer of this Lease or any interest under it, or any lien upon Lessee's interest to arise, by operation of law without first obtaining written consent from Lessor, and any such transfer, lien, assignment or subletting not so consented to by Lessor shall be invalid and of no force or effect whatsoever as against Lessor.

(3) No such subleasing or assignment, even with the approval of the Lessor, shall relieve the Lessee from liability for payment of the Rent herein provided or from the obligation to keep, and be bound by, the terms, conditions and covenants of this Lease. The acceptance of Rent from any other person shall not be deemed a waiver by Lessor of any of the provisions of this Article XVIII or to be a consent to the assignment of this Lease or subletting of the Premises.

(4) Lessee agrees that the withholding by Lessor of its consent to any proposed assignment or proposed sublease will not be deemed "unreasonable" if, among other reasonable criteria to be examined by Lessor:

(1) the proposed subtenant or assignee does not have a good business reputation or standing in the community;

(2) the intended use of the Premises by the proposed subtenant or assignee is different than the permitted use under this Lease;

(3) the use of the Premises by the proposed subtenant or assignee would violate any laws, ordinances or governmental regulations;

(4) the use of the Premises by the proposed subtenant or assignee would violate any other agreements affecting the Premises, the Lessor or any other tenants of the Shopping Center; or

(5) Lessee is in default under this Lease.

ARTICLE XIX

Bankruptcy

In the event a petition is filed by or against Lessee seeking a plan of reorganization or arrangement under the Federal Bankruptcy code,

Lessor and Lessee agree, to the extent permitted by law, that the trustee in bankruptcy shall determine within sixty (60) days after the commencement of the case, whether to assume or reject this Lease.

ARTICLE XX

Default

(1) If Lessee vacates or abandons the Premises or permits the same to remain vacant or unoccupied for a period of thirty (30) days, or if Lessee shall be adjudicated insolvent or bankrupt pursuant to the provisions of any state or federal insolvency or bankruptcy act or code, or if a receiver or trustee of the property of Lessee shall be appointed by reason of Lessee's insolvency or inability to pay its debts, or if any assignment shall be made of Lessee's property for the benefit or creditors, or if Rent, or any part thereof shall not be paid when due, or if default shall be made in the prompt and full performance of any covenant, condition or agreement in this Lease to be kept or performed by Lessee and such default or breach of performance shall continue for more than fifteen (15) days after written notice to Lessee specifying such default or breach of performance, (unless Lessee has commenced and is diligently proceeding to cure such default and said default is cured within 90 days from the date of Lessor's notice) then Lessor may treat the occurrence of any one or more of the foregoing events as a breach of this Lease and thereupon at its option without further notice or demand of any kind to Lessee or any other person, may have, in addition to all other legal or equitable remedies, the following described remedies:

(a) Lessor may elect to re-enter the Premises by summary proceedings or similar proceedings and re-let the Premises, using reasonable efforts therefor, and upon receiving the rent therefrom, will apply the same first to the payment of Lessor's expenses of reletting (including repairs, alterations, improvements, attorney's fees, court costs and brokerage commissions), next to the payment of rent accruing hereunder, the balance, if any, to be paid to Lessee; but, Lessee shall remain liable for the amount of all rent reserved herein to the extent not paid from the proceeds of reletting, and such amount shall be due and payable to Lessor as damages or rent, as the case may be, on the successive rent days provided above, and Lessor may recover such amount periodically on such successive days; or,

(b) Lessor may elect to terminate the Lease and to resume possession of the Premises wholly discharged from the Lease.

Such election shall be made by written notice to Lessee at any time on or before the doing of any act or the commencement of any proceedings to recover possession of the Premises by reason of the default then existing and shall be final. If Lessor shall elect to terminate the Lease, all rights and obligations of Lessee relating to the unexpired portion of the Lease shall cease. Within ten (10) days after receipt by Lessee of notice of election by Lessor to terminate the Lease, the parties shall by an instrument in writing terminate the Lease and Lessee shall surrender and deliver to Lessor the Premises, except that Lessee may remove its trade fixtures, signs, equipment and other personal property. Upon any default by Lessee in so doing, Lessor shall have the right to

re-enter the Premises by summary proceedings or similar proceedings.

(2) Upon and after entry into possession without terminating the Lease, Lessor shall take reasonable measures to mitigate the damages recoverable against Lessee by attempting to relet all or any part of the Premises for the account of Lessee for such rent and upon such terms and to such person, firm or corporation and for such period or periods as are acceptable to Lessor; provided, however, that Lessor shall not be obligated to market or relet the Premises on a priority basis over unleased or unoccupied space in the Building or the Shopping Center. Lessor shall not be required to accept any tenant offered by Lessee, or to observe any instruction given by Lessee about such reletting but shall not be unreasonable or arbitrary in connection therewith. For the purpose of such reletting, Lessor may decorate or make repairs, changes, alterations or additions in or to the Premises to the extent deemed by Lessor desirable or convenient. If the consideration collected by Lessor upon any such reletting for Lessee's account is not sufficient to pay the Rent reserved in this Lease and the cost of repairs, alterations, additions, redecorating and Lessor's other expenses, Lessee agrees to pay to Lessor the deficiency upon demand; however, the acceptance of a tenant by Lessor in place of Lessee shall constitute only satisfaction pro tanto of the obligations of Lessee.

(3) If Lessee shall fail to perform an obligation hereunder after notice of such default, then Lessor may perform such obligation for the account and expense of Lessee without further notice and Lessee shall promptly reimburse Lessor therefor.

(4) All rights and remedies of Lessor herein enumerated shall be cumulative and none shall exclude any other right or remedy allowed by law, and said rights and remedies may be exercised and enforced concurrently and whenever and as often as occasion therefor arises.

ARTICLE XXI

Costs, Expenses and Attorney's Fees

Lessee shall pay all reasonable costs, expenses and reasonable attorneys' fees that may be incurred or paid by Lessor in enforcing the covenants and agreements in this Lease.

ARTICLE XXII

Surrender of Premises

On the expiration of this Lease, or on the sooner termination hereof, Lessee shall peaceably surrender the Premises in good order, condition and repair, broomclean, fire and other unavoidable casualty, reasonable wear and tear only excepted. On or before the expiration of this Lease, or the sooner termination hereof, Lessee shall at its expense, remove its trade fixtures, signs and carpeting from the Premises and any property not removed shall be deemed abandoned. Lessee shall promptly repair at its expense, any damage occasioned by removal of its trade fixtures, signs and carpeting. All alterations, additions, improvements and fixtures (other than Lessee's trade fixtures and signs) which shall have been made or installed by Lessor upon the Premises and

all hard surface bonded or adhesively affixed flooring shall remain upon and be surrendered with the Premises as a part hereof, without disturbance, molestation or injury, and without charge, at the expiration or termination of this Lease. Lessee shall promptly surrender all keys for the Premises to Lessor at the place then fixed for payment of Rent and shall inform Lessor of combinations on any locks and safes on the Premises.

ARTICLE XXIII

Holding Over

If Lessee holds possession of the Premises after the expiration or termination of this Lease, whether by lapse of time or otherwise, Lessee shall pay for the whole time during which possession is withheld an amount equal to twice the Rent for a period of time equal to the period during which possession is so withheld, and also shall pay all damages sustained by Lessor by reason of such withholding of possession. Neither the provisions of this Article nor the acceptance of such Rent by Lessor shall constitute a waiver of Lessor's right to reenter the Premises or terminate this Lease as herein provided, nor shall any other act or omission to act in apparent affirmance of the tenancy operate as a waiver of the right to terminate this Lease or any renewal thereof or of any other right of Lessor under the provisions of this Lease or provided by law.

ARTICLE XXIV

Notice

UNIVERSITY of Chicago Hospitals [Signature]

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if personally delivered or sent by certified or registered mail to Lessee at Box MC 6091, 5841 S. Maryland Avenue Chicago, Illinois 60637 Attn: Jeffrey Pinesilver and to Lessor c/o The Habitat Company, 405 North Wabash Avenue, Chicago, Illinois 60611 Attn: Daniel E. Levin, and either party may by notice at any time and from time to time designate a different address to which notices shall be sent. Notices given in accordance with these provisions shall be deemed received within two days after mailing or on the date of delivery if personally delivered.

ARTICLE XXV

INTENTIONALLY DELETED

ARTICLE XXVI

General

(1) The laws of the State of Illinois shall govern the validity, performance and enforcement of this Lease. The submission of this Lease for examination does not constitute an offer to lease, or a reservation of or option for the Premises, and this Lease becomes effective only upon execution and delivery thereof by Lessor and Lessee. The captions

of the several Articles contained herein are for convenience only and do not define, limit, describe or construe the contents of such Articles.

(2) Whenever a period of time is herein provided for a party to do or to perform any act or thing, such party shall not be liable or responsible for any delays due to strikes, riots, acts of God, shortages of labor or materials, national emergency, acts of a public enemy, government restrictions, laws or regulations or any other cause or causes, whether similar or dissimilar to those enumerated, beyond such party's reasonable control.

(3) Lessor and Lessee represent to each other that the person(s) executing and delivering this Lease on their behalf are authorized and empowered to do so and that all consents or approvals to the execution of this Lease on behalf of Lessor and Lessee, respectively, have been obtained.

ARTICLE XXVII

Rules and Regulations

(1) Lessee covenants and agrees with Lessor that:

(a) Lessee shall keep the Premises at a temperature sufficiently high to prevent freezing of water in pipes and fixtures.

(b) No awning or other projections shall be attached to the outside walls of the Premises or the Building without in each instance the prior written consent of Lessor.

(c) No radio or television aerial shall be erected on the roof or exterior walls of the Premises, or on the grounds, without, in each instance, the prior written consent of the Lessor. Any Aerial so installed without such written consent shall be subject to removal without notice at any time.

(d) The parking area within the Shopping Center is reserved solely for the use of the customers thereof and Lessee shall not permit any of its employees to park in said area. Notwithstanding the foregoing, Lessor shall provide Lessee with sufficient vehicle parking passes or stickers solely for use by patients of Lessee. ~~Tenant anticipates that the maximum number of passes tenant will need is twelve.~~

The foregoing covenants and agreements in this Article XXVIII shall be referred to as "Rules and Regulations".

(2) Lessee agrees that Lessor may amend, modify, delete or add new and additional reasonable rules and regulations for the use and care of the Premises, the Building and the Shopping Center. Lessee agrees to comply with all such rules and regulations upon notice to Lessee from Lessor or upon the posting of same in such place within the Shopping Center as Lessor may designate.

(3) Lessor shall not be responsible for the violation of any of the Rules and Regulations by other tenants of the Building or the Shopping Center and Landlord shall have no obligation to enforce the same against other Tenants.

ARTICLE XXVIII

Successors and Assigns

All covenants, promises, conditions, representations and agreements herein contained shall be binding upon, apply and inure to the parties hereto and their respective successors and permitted assigns.

ARTICLE XXIX

Real Estate Taxes and Common Area Maintenance Cost

(1) For purposes of this Lease, the following words and phrases shall have the following meanings:

(A) "Adjustment Date" shall mean January 1, 1992 and every January 1 thereafter occurring within the Term.

(B) "Adjustment Year" shall mean each calendar year during which an Adjustment Date occurs.

(C) "Base Year" shall mean calendar year 1991.

(D) "Common Area Maintenance Cost" shall mean all costs and expenses of every kind and nature paid or incurred by Lessor during the Term (including appropriate reserves) in operating, managing, equipping, policing (if and to the extent provided by Lessor), protecting, insuring, heating, cooling, lighting, ventilating, repairing, replacing and maintaining the common areas, signs and other facilities in the Shopping Center. Such costs and expenses shall include but not be limited to cleaning, fire protection, snow and ice clearance, costs and expenses of planting, replanting and landscaping, water and sewage charges; premiums for liability, property damage, fire, extended coverage, malicious mischief, vandalism, workmen's compensation, employees liability and other insurance; wages, unemployment taxes, social security taxes; special assessments, real estate, personal property and parking area use taxes; fees for audits, required licenses and permits; costs and expenses of supplies; operation of loud speakers and any other equipment supplying music to the common area; reasonable depreciation of, and rents paid for the leasing of equipment used in the operation of the common areas and administrative costs equal to fifteen percent (15%) of the total costs of operating and maintaining the common areas (except appropriate reserves); but there shall be excluded costs of equipment properly chargeable to capital accounts and depreciation of the original cost of constructing the common areas.

(E) "Taxes" shall mean all federal, state and local governmental taxes, assessments and charges (including general real estate taxes, sewer rents and transit or transit district taxes or assessments) of every kind or nature, which Lessor shall pay or

become obligated to pay because of or in connection with the ownership, leasing, management, control or operation of the Shopping Center (including the land on which it is situated), or of the personal property, fixtures, machines, equipment, systems or apparatus located therein or used in connection therewith (including any rental or similar taxes and licenses, building, occupancy, permit or similar fees levied in lieu of or in addition to general real or personal property taxes). For purposes hereof, Taxes for any year shall be Taxes which are due for payment or paid in that year rather than Taxes which are assessed or become a lien during such year. There shall be included in Taxes for any year the amount of all fees, costs and expenses (including reasonable attorney's fees) paid by Lessor during such year in seeking or obtaining any refund or reduction of Taxes. Taxes in any year shall be reduced by the net amount of any tax refund received by Lessor during such year. Taxes shall not include any federal, state or local sales, use, franchise, capital stock, inheritance, general income, gift or estate taxes, except that if a change occurs in the method of taxation resulting in whole or in part in the substitution of any such taxes, or any other assessment, for any Taxes as above defined, such substituted taxes or assessments shall be included in Taxes.

(F) "Lessee's Proportionate Share" shall mean 12.29%.

(2) In addition to the Base Rent payable by Lessee under this Lease, Lessee agrees to pay Lessor on and after each Adjustment Date to and including the day immediately preceding the following Adjustment Date, as additional rent, the following amounts:

(A) An amount equal to Lessee's Proportionate Share of the excess of Taxes for the Adjustment Year during which such Adjustment Date occurs over Taxes for the Base Year. Subject to the provisions of subparagraph 3(A) below, all additional rental payable herein for each Adjustment Year shall be paid in equal monthly installments in advance on or before the first day of each month during such Adjustment year; plus

(B) An amount equal to Lessee's Proportionate Share of Common Area Maintenance Cost for the Adjustment Year during which such Adjustment Date occurs over Common Area Maintenance Cost for the Base Year. Subject to the provisions of subparagraph 4(A) below, all additional rental payable herein for each Adjustment Year shall be paid in equal monthly installments in advance on or before the first day of each month during such Adjustment Year.

(3)(A) For purposes of calculating Taxes for any Adjustment Year, Lessor may make reasonable projections of Taxes for such Adjustment Year. Within a reasonable time after each Adjustment Date, Lessor shall deliver to Lessee a written statement setting forth the projections of Taxes for the Adjustment Year in which such Adjustment Date occurs and providing a calculation of the estimated additional rental payable under this Article XXIX for such Adjustment Year; provided, however, that the failure of Lessor to provide any such statement within said period shall not relieve Lessee from its obligation to continue to pay the additional rent required herein at the monthly rate then in effect. Within thirty (30) days following the date on which Lessor delivers such statement to Lessee, Lessee shall pay

in a lump sum, any increases in the additional rent payable herein as reflected thereby effective retroactively to the most recently preceding Adjustment Date. On the first day of the calendar month following the date on which Lessor delivers such statement and on the first day of each calendar month thereafter to and including the date upon which Lessor delivers a subsequent statement hereunder, Lessee shall pay the increased monthly additional rent specified in such statement.

(B) Within a reasonable period after the end of each Adjustment Year, or at such later date as Lessor shall be able to determine the actual amount of Taxes for the Adjustment Year last ended, Lessor shall notify Lessee in writing of such actual amount. If such actual amount exceeds the projected amount of Taxes for such Adjustment Year, then Lessee shall, within thirty (30) days after the date of such notice from Lessor, pay to Lessor an amount equal to Lessee's Proportionate Share of such excess. The obligation to make such payment shall survive the expiration or earlier termination of this Lease. If the projected amount of Taxes for such Adjustment Year exceeds the actual amount, then Lessor shall promptly refund such excess to Lessee.

(4) (A) For purposes of calculating the Common Area Maintenance Cost for any Adjustment Year, Lessor may make reasonable estimates or projections for such Adjustment Year. Within a reasonable time after each Adjustment Date, Lessor shall deliver to Lessee a written statement setting forth its projections of the Common Area Maintenance Cost for the Adjustment Year in which such Adjustment Date occurs and providing a calculation of the estimated additional rental payable under this Article XXIX for such Adjustment Year; provided, however, that the failure of Lessor to provide any such statement within said period shall not relieve Lessee from its obligation to continue to pay the additional rental required hereunder at the monthly rate then in effect. Within thirty (30) days following the date on which Lessor delivers such statement to Lessee, Lessee shall pay Lessor in a lump sum, any increases in the additional rental payable herein as reflected thereby retroactively to the most recently preceding Adjustment Date. On the first day of the calendar month following the date on which Lessor delivers such statement and on the first day of each calendar month thereafter to and including the date upon which Lessor delivers a subsequent statement hereunder, Lessee shall pay the increased monthly additional rental specified in such statement.

(B) Within a reasonable period after the end of each Adjustment Year, or at such later date as Lessor shall be able to determine the actual Common Area Maintenance Cost for the Adjustment Year last ended, Lessor shall notify Lessee in writing of such actual amount. If such actual amount exceeds the projected amount of the Common Area Maintenance Cost for such calendar year, then Lessee shall, within thirty (30) days after the date of said notice from Lessor, pay to Lessor, an amount equal to Lessee's Proportionate Share of such excess. The obligation to make such payment shall survive the expiration or earlier termination of this Lease. If the projected amount of Common Area Maintenance Cost for such Adjustment Year exceeds such actual amount, Lessor shall promptly refund such excess to Lessee.

5. Lessee will have the right to review and make copies of the documentation utilized by Lessor in preparing the statements as to Taxes and Common Area Maintenance Cost, such review to be on reasonable notice to Lessor and to occur at Lessor's office during business hours.

ARTICLE XXX

INTENTIONALLY DELETED

ARTICLE XXXI

Brokerage

Lessee represents to Lessor that except for The Habitat Company ("Broker"), Lessee has not dealt with any real estate broker, sales person, or finder in connection with this Lease, and no such person initiated or participated in the negotiation of this Lease, or showed the Premises to Lessee. Lessee agrees to indemnify, defend and hold harmless Lessor, its beneficiary, officers and employees, from and against any and all claims, demands, liabilities, actions, damages, costs and expenses (including attorneys' fees) for brokerage commissions or fees arising out of a breach of such representation. Unless otherwise agreed by the parties, Lessor shall be responsible for the payment of all commissions to Broker, based upon the leasing commission policy of Lessor applicable to the Building and in effect as of the date of this Lease.

ARTICLE XXXII

Estoppel Certificate

Lessee shall within twenty (20) days after each prior written request from Lessor, execute and deliver in form and substance satisfactory to Lessor, an estoppel letter signed by Lessee and certifying: the Commencement Date and the Expiration date; the date to which Base Rent and all additional rent has been paid; the amount of Base Rent and all additional rent then being paid; the amount of any security deposit; that Lessee has accepted the Premises; that this Lease is in full force and effect and has not been modified, amended or assigned (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect); that all improvements have been fully completed; that there are no defaults of Lessor under this Lease nor any existing condition upon which the giving of notice or lapse of time would constitute a default; that Lessee has not received any concession; that there are no offsets to the payment of Rent; that Lessee has received no notice from any insurance company of any defects or inadequacies of the Premises; that Lessee has no options or rights other than as set forth in this Lease; and such other matters which Lessor may reasonably request. If the letter is to be delivered to a purchaser or other subsequent owner of the Building or the Shopping Center, it shall further include the agreement of Lessee to recognize such purchaser or other subsequent owner as Lessor under this Lease and to pay Rent to the purchaser or other subsequent owner or its designee in accordance with the terms of this Lease. It is expressly understood and agreed that any such statement may be relied upon by any prospective purchaser, mortgagee or ground Lessor of all or any portion of the Building or the Shopping

Center. Lessee's failure to deliver such statement within said 10 day period shall be conclusive upon Lessee that this Lease is in full force and effect, without modification except as may be represented by Lessor, that there are no uncured defaults in Lessor's performance, not more than one (1) months' rental has been paid in advance and that all other statements required to be made in the estoppel letter are conclusively made.

ARTICLE XXXIII

Leasehold Improvement Work

Upon commencement of the Term Lessor, at its expense, agrees to perform the following work and to provide certain allowances to Lessee as set forth below:

(a) remove existing metal rails and create wheelchair ramp at main entrance to Premises.

(b) demolish demising wall, other interior partitions, remove any equipment belonging to prior Tenant, remove boards from windows on East wall, replace glass, ~~where necessary~~ ^{if cracked or broken.}

(c) provide a double door exit at location specified by Tenant in construction drawings.

(d) contribute to Lessee up to the sum of \$7,000 for use in construction of a new block wall between the Premises and adjacent space occupied by Burger King.

(e) contribute to Lessee up to the sum of \$8,000 as an allowance toward the installation of a new HVAC system for the Premises, the installation to be performed by Lessee.

(f) provide space in the loading area for the parking of one van.

(g) provide asbestos abatement per code to the extent required.

(h) place Tenant name on awning.

Upon commencement of the Term, Lessee, at its expense, agrees to promptly perform all other work necessary to alter the Premises for Lessee's use.

ARTICLE XXXIV

INTENTIONALLY DELETED

ARTICLE XXXV

Rent Abatement

Notwithstanding anything to the contrary contained herein Tenant shall not be obligated to pay Base Rent or additional rent until the first to occur of (a) the date Lessee commences business operations in the Premises or (b) October 1, 1992. Notwithstanding said abatement, all the remaining provisions of this Lease (including all provisions

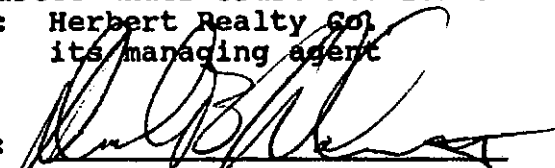
relating to use of the Premises and insurance requirements) shall be and remain in full force and effect.

Lessor:

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, not individually, but solely as Trustee under Trust No. 20960

By: Herbert Realty Co.
its managing agent

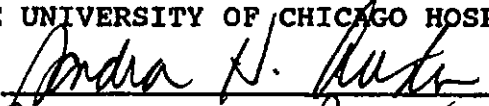
By:


VICE PRESIDENT

Lessee:

THE UNIVERSITY OF CHICAGO HOSPITALS

By:


Vice President
4/29/92



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Copy:
- Paula Cuellar
- Terri Martinez
- Acts payable
→ mac

November 21, 2007
University of Chicago Hospitals
Attn: Jeff Finesilver
Vice President - Hospitals
AMB W-606 MC 6091
5841 S. Maryland Avenue
Chicago, IL 60637

**RE: Lease Agreement for the Lake Park Dialysis Center, Dated: May 1, 1992
1531 East Hyde Park Boulevard Chicago, Illinois 60615**

Dear Mr. Finesilver:

In accordance with the terms of the above referenced Lease, the monthly base rent is to increase each October 1st during the latter five years of the Lease. The increase is based on the Consumer Price Index ("CPI") as outlined in Article II of the Lease.

I have attached a worksheet showing the new rent calculated for the October 1, 2007 - September 30, 2008. Pursuant to the terms of the Lease, the worksheet is based off the CPI for October 2007. This information is highlighted in the additional attachment originating from the Bureau of Labor Statistics website.

The new monthly base rent is \$14,454.67 and will be reflected on the December 2007 invoice. Additionally, the back rent will appear on the December invoice. The back rent due covers the time period of October 2007 through November 2007. The total amount for the back rent is \$1,757.16.

Sincerely,

MAC Property Management

Enclosure

**University of Chicago
2008 CPI Rent Increase
Calculation**

CPI INCREASE - OCTOBER 2007

| 2007 BASE RENT | X | <u>OCT 07 CPI - OCT 06 CPI</u> | = | RENT INCREASE |
|-------------------------------|---|--------------------------------|---|---------------|
| | | <u>OCT 92 CPI</u> | | |
| \$ 13,576.09 | X | <u>208.696 - 197.5</u> | = | \$ 878.58 |
| | | 142.1 | | |
| NEW BASE RENT OCTOBER 2007 | | 13,576.09 + \$ 878.58 | = | \$ 14,454.67 |

PAST DUE RENT

Revised Billing:

| | |
|--|----------------------------------|
| October 2007 - November 2007 @ 14,454.67/month | <u>28,909.34</u> |
| | 28,909.34 |
| Less: Amount Billed | |
| October 2007 - November 2007 @ 13,576.09/month | <u>27,152.18</u> |
| Total Amount Due | <u><u>\$ 1,757.16</u></u> |



U.S. Department of Labor
Bureau of Labor Statistics

Bureau of Labor Statistics Data

www.bls.gov



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Change Output Options: From: 1997 To: 2007

Include graphs NEW!

[More Formatting Options](#) →

Data extracted on: November 20, 2007 (2:23:25 PM)

Consumer Price Index - All Urban Consumers

| Series Id: CUURA207SA0, CUUSA207SA0 Not Seasonally Adjusted Area: Chicago-Gary-Kenosha, IL-IN-WI Item: All items Base Period: 1982-84=100 | | | | | | | | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------|-------|--------|---------|-------|
| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Annual | HALF1 | HALF2 |
| 1997 | 160.4 | 161.1 | 161.0 | 160.9 | 161.1 | 161.7 | 161.7 | 162.5 | 162.1 | 162.5 | 162.9 | 162.8 | 161.7 | 161.0 | 162.4 |
| 1998 | 162.8 | 163.1 | 164.1 | 164.8 | 165.6 | 166.0 | 166.5 | 165.4 | 165.3 | 165.7 | 165.4 | 165.1 | 165.0 | 164.4 | 165.6 |
| 1999 | 166.1 | 166.4 | 167.0 | 167.6 | 168.2 | 168.9 | 169.4 | 169.3 | 169.7 | 169.7 | 169.3 | 169.2 | 168.4 | 167.4 | 169.4 |
| 2000 | 170.2 | 171.4 | 172.2 | 171.9 | 173.7 | 176.0 | 174.6 | 173.7 | 174.8 | 175.4 | 176.0 | 175.8 | 173.8 | 172.6 | 175.1 |
| 2001 | 178.1 | 178.5 | 177.1 | 178.4 | 179.8 | 179.2 | 177.7 | 178.1 | 179.7 | 178.1 | 177.4 | 177.9 | 178.3 | 178.5 | 178.2 |
| 2002 | 177.9 | 178.7 | 179.8 | 180.9 | 181.4 | 182.1 | 181.2 | 181.6 | 182.1 | 182.8 | 183.2 | 182.4 | 181.2 | 180.1 | 182.2 |
| 2003 | 182.7 | 184.1 | 184.8 | 183.4 | 183.4 | 184.1 | 184.1 | 184.5 | 186.1 | 185.8 | 185.6 | 185.5 | 184.5 | 183.8 | 185.3 |
| 2004 | 185.4 | 186.4 | 186.3 | 187.2 | 188.7 | 189.1 | 189.2 | 190.2 | 190.0 | 190.8 | 190.7 | 189.6 | 188.6 | 187.2 | 190.1 |
| 2005 | 189.9 | 190.5 | 191.3 | 193.2 | 193.3 | 194.0 | 194.2 | 195.8 | 198.3 | 197.9 | 197.3 | 196.4 | 194.3 | 192.0 | 196.7 |
| 2006 | 197.5 | 197.2 | 197.6 | 197.7 | 198.4 | 199.0 | 199.3 | 200.4 | 199.6 | 197.5 | 197.9 | 197.8 | 198.3 | 197.9 | 198.8 |
| 2007 | 199.401 | 200.630 | 202.483 | 204.019 | 205.686 | 206.092 | 205.561 | 205.813 | 206.454 | 206.696 | | | | 203.052 | |

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U.S. Bureau of Labor Statistics
 Postal Square Building
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 Washington, DC 20212-0001

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 Do you have [Other comments?](#)

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THE HABITAT COMPANY
September 8, 2005

Tel. con w/ Bill Frazier -
OK to sign. 9/21/05

Mr. Jeff Finesilver
University of Chicago Hospitals
Vice President - Hospitals
AMBW606 MC6091
6841 S. Maryland Ave.
Chicago, IL 60637

RE: Village Center

Dear Mr. Finesilver:

As you know, Village Center is in the process of being sold. In connection with the sale, we are enclosing two copies of each of (i) a form of Tenant Estoppel Certificate and (ii) a form of Subordination, Attornment and Non-Disturbance Agreement. These documents are customary in connection with the sale of a property such as Village Center and so are generally already contemplated by each tenant's lease. As such, in accordance with your lease, please sign each copy where indicated and have the signature of each copy of the Subordination, Attornment and Non-Disturbance Agreement notarized where indicated. As you will see, the Tenant Estoppel Certificate is the tenant's acknowledgment of certain facts relating to its lease as stated in that form, including the payment of rent. Generally, the Subordination, Attornment and Non-Disturbance Agreement is further evidence of the subordination of leases at Village Center to mortgages placed on the property and provides that, if the purchaser defaults under its mortgage loan on Village Center, so long as a tenant is not in default under its lease, such tenant may continue its tenancy even if the lender forecloses on the property.

Please return in the enclosed envelope all of the executed and notarized documents as soon as possible to The Habitat Company, 350 West Hubbard Street, Suite 500, Chicago, Illinois 60610, Attention: Lex W. McCarthy.

If you have any questions, please feel free to call me.

Sincerely,

THE HABITAT COMPANY


Lex W. McCarthy
Senior Vice President

LM/at
Enclosure

cc: Mark Segal

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THE HABITAT COMPANY

August 15, 2005

Mr. Jeff Finesilver
University of Chicago Hospitals
Vice President - Hospitals
AMBW606 MC6091
6841 S. Maryland Ave.
Chicago, IL 60637

RE: Village Center

Dear Mr. Finesilver:

As you may know, we are under contract to sell Village Center. A representative of the purchaser, Antheus Capital may be calling you to discuss your tenancy as a leaseholder at Village Center. Please expect a telephone call and/or visit from either David Gefsky or Eli Unger with Antheus Capital.

We certainly appreciate your cooperation. If you have any questions, please feel free to call me.

Sincerely,

THE HABITAT COMPANY


Lex W. McCarthy
Senior Vice President

LM/at
Enclosure

cc: Mark Segal
David Gefsky
Marguerite Batau

1 27

**THE HABITAT COMPANY**

September 8, 2005

Mr. Jeff Finesilver
University of Chicago Hospitals
Vice President - Hospitals
AMBW606 MC6091
6841 S. Maryland Ave.
Chicago, IL 60637

RE: Village Center

Dear Mr. Finesilver:

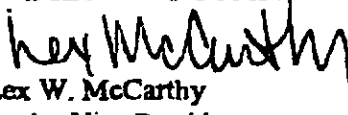
As you know, Village Center is in the process of being sold. In connection with the sale, we are enclosing two copies of each of (i) a form of Tenant Estoppel Certificate and (ii) a form of Subordination, Attornment and Non-Disturbance Agreement. These documents are customary in connection with the sale of a property such as Village Center and so are generally already contemplated by each tenant's lease. As such, in accordance with your lease, please sign each copy where indicated and have the signature of each copy of the Subordination, Attornment and Non-Disturbance Agreement notarized where indicated. As you will see, the Tenant Estoppel Certificate is the tenant's acknowledgment of certain facts relating to its lease as stated in that form, including the payment of rent. Generally, the Subordination, Attornment and Non-Disturbance Agreement is further evidence of the subordination of leases at Village Center to mortgages placed on the property and provides that, if the purchaser defaults under its mortgage loan on Village Center, so long as a tenant is not in default under its lease, such tenant may continue its tenancy even if the lender forecloses on the property.

Please return in the enclosed envelope all of the executed and notarized documents as soon as possible to The Habitat Company, 350 West Hubbard Street, Suite 500, Chicago, Illinois 60610, Attention: Lex W. McCarthy.

If you have any questions, please feel free to call me.

Sincerely,

THE HABITAT COMPANY


Lex W. McCarthy
Senior Vice President

LM/at
Enclosure

cc: Mark Segal

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Project: Village Center

TENANT ESTOPPEL CERTIFICATE

Tenant: The University of Chicago Hospitals

Landlord: Village Center, beneficiary under a Trust Agreement with LaSalle Bank National Association, as successor trustee to American National Bank and Trust Company of Chicago, under Trust Number 20960

LEASE dated: May 1, 1992

Amendments dated: None

Options: Option 1 (exercised) - 5 Years - October 1, 2002 - September 30, 2007
Option 2 - 5 Years - October 1, 2007 - September 30, 2012

Premises: 1531 E. Hyde Park Blvd. - 8,085 s.f.

Monthly fixed rent: \$12,966.54

CAM Pass Through: 12.29% of total CAM expenses in excess of base year 1991

Real Estate Pass Through: 12.29% of total real estate tax expense in excess of base year 1991

Lease Term: Commenced October 1, 1992 and will expire on September 30, 2007

As of the date hereof, the undersigned Tenant under the above-referenced Lease, certifies to 1525 HP, LLC, a Indiana limited liability company, its successors and assigns ("*Purchaser*") and PROTECTIVE LIFE INSURANCE COMPANY, its successors and/or assigns ("*Lender*") as follows with respect to the Lease:

1. The Lease is the only lease affecting said premises and has not been amended, modified, changed, altered or supplemented, except as shown above. The above information is true and correct.
2. The Lease is in full force and effect and that there are no defaults thereunder or any conditions which with only the passage of time or giving of notice or both would become a default under the terms of said Lease.
3. The fixed monthly rent shown above has been paid through September 2005.
4. No rents have been prepaid except as provided by said Lease, but in no event have rents been paid more than thirty (30) days in advance and that there are no offsets or credits against future accruing rents.
5. Tenant is open and operating and in full and complete possession of the premises demised pursuant to the terms of said Lease. The demised premises, including all improvements, common areas and parking

areas, as constructed, satisfy the requirements of said Lease and have been accepted and approved in all respects by Tenant.

- 6. All duties of an inducement nature and all inducement clauses have been fulfilled by Landlord.
- 7. In the event that Lender shall succeed to title by foreclosure or deed in lieu of foreclosure, no claim shall be asserted against Lender for the return of any security deposit paid by Tenant unless Lender shall have received the amount of said security deposit at the time it acquires title.
- 8. The Lease shall not be cancelled, surrendered or merged in the ownership of the fee of said premises except as specifically provided by the terms of the Lease.
- 9. Tenant agrees, any provision of the Lease to the contrary notwithstanding, that Landlord may disclose to Lender any information disclosed to Landlord pursuant to the lease terms concerning gross sales, receipts, percentage rent and the like.
- 10. Tenant acknowledges that the address to which notices shall be given to Purchaser is c/o MAC Property Management 32 N. Dean Street, Second Floor, Englewood, NJ 07631 and to Lender is 2801 Highway 280 South, Birmingham, Alabama 35223, Attention: Investment Department.

The undersigned understands and acknowledges that Purchaser and Lender will rely on this Certificate in acquiring this property or acquiring or making a mortgage loan to Purchaser and that in connection with said loan, Purchaser's interest in the Lease is being assigned to Lender as additional security for the Loan.

TENANT:

THE UNIVERSITY OF CHICAGO HOSPITALS

By: _____

Name: _____

Title: _____

Date: _____

**SUBORDINATION, ATTORNMENT
AND NONDISTURBANCE
AGREEMENT**

THIS AGREEMENT is entered into as of the date set forth below by and between the Lender and Tenant defined below.

RECORDER'S STAMP

The following capitalized terms are definitions for the purpose of this agreement:

- Lender:** PROTECTIVE LIFE INSURANCE COMPANY, its successors and/or assigns.
- Tenant:** The University of Chicago Hospitals
- Landlord:** Village Center, beneficiary under a Trust Agreement with LaSalle Bank National Association, as successor trustee to American National Bank and Trust Company of Chicago, under Trust Number 20960
- Lease:** Lease dated May 1, 1992 demising the premises described therein ("Leased Premises") and located on the Property
- Property:** the real property described in Exhibit A attached hereto and made a part hereof, together with all buildings and improvements situated thereon
- Indenture:** the Mortgage and Security Agreement which encumbers or will encumber the Property to secure a mortgage loan made by Lender to Landlord

WITNESSETH:

WHEREAS, Lender is now or will become the owner and holder of the Indenture, and

WHEREAS, Tenant is the holder of the lessee's interest in the Lease covering the Leased Premises; and

WHEREAS, Tenant and Lender desire to confirm their understanding with respect to the Lease and the Indenture.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, Lender and Tenant hereby agree and covenant as follows:

1. The Lease and the rights of Tenant thereunder are now and at all times hereafter shall be subject and subordinate to the Indenture and to all renewals, modifications or extensions thereof, but such renewals, modifications and extensions shall nevertheless be subject and entitled to the benefits of the terms of this Agreement.

2. So long as Tenant is not in default (beyond any period given Tenant to cure such default) in the payment of rent or in the performance of any of the terms, covenants or conditions of the Lease on Tenant's part to be performed, Tenant's possession of the Leased Premises and Tenant's rights and privileges under the Lease, or any renewals, modifications, or extensions thereof which may be effected in accordance with any option granted in the Lease, shall not be diminished or interfered with by Lender, and Tenant's occupancy of the Leased Premises shall not be disturbed by Lender during the term of the Lease or any such renewals, modifications, or extensions thereof.

3. So long as Tenant is not in default (beyond any period given Tenant to cure such default) in the payment of rent or in the performance of any of the terms, covenants or conditions of the Lease on Tenant's part to be performed, Lender will not join Tenant as a party defendant for the purpose of terminating or otherwise affecting Tenant's interest and estate under the Lease in any action or proceeding brought by Lender for the purpose of enforcing any of its rights in the event of any default under the Indenture; provided however, Lender may join Tenant as a party in any such action or proceeding IF such joinder is necessary under any statute or law for the purpose of effecting the remedies available to the Lender under the Indenture, BUT ONLY for such purpose and NOT for the purpose of terminating the Lease.

4. Notwithstanding anything in the Lease to the contrary, Tenant shall notify Lender in writing of the occurrence of any default by Landlord and shall permit Lender a period of thirty (30) days from the date of such notice (the "Cure Period") in which to cure such default prior to proceeding to exercise any of the rights or remedies of Tenant under the Lease, including: (i) termination of the Lease, (ii) abatement of rental payments due thereunder, or (iii) performance of Landlord's covenants or obligations which Tenant asserts to be in default; provided, however, that the Cure Period granted to Lender herein: (x) shall be extended by any period of time during which Lender is diligently pursuing the cure of a default which cannot reasonably be expected to be cured within the initial thirty (30) day Cure Period, and (y) shall not be deemed to commence until after any period of time during which Lender is pursuing acquisition of title to the Leased Premises through foreclosure or otherwise, such period to include, without limitation, any period of time (a) during which Lender's acquisition of title to the Leased Premises is stayed by any proceeding in bankruptcy, any injunction or other judicial process, and (b) after

acquisition of title by Lender during which Landlord or any other party is contesting the validity of the acquisition or Lender's title to the Leased Premises, provided that in no event shall Tenant be required to forbear from executing its remedies for a period in excess of sixty (60) days.

Notwithstanding the foregoing, Tenant agrees that so long as the Indenture (including any extensions or modifications thereof) encumbers the Leased Premises, Tenant shall have no right to terminate the Lease or withhold or abate any rentals due or to become due thereunder by reason of any of the provisions of the Lease as such provisions apply to property not included within the limits of the real estate encumbered by the Indenture, provided, however, that nothing herein contained shall be construed as a waiver of Tenant's rights in personam nor remedies by way of injunctive relief against Landlord, and provided further, if Lender should succeed to the ownership of the Leased Premises by virtue of foreclosure or deed in lieu thereof or otherwise, then in such event the provisions of the Lease shall apply to Lender as owner/landlord only with respect to the land which was formerly encumbered by the Indenture.

5. If Lender shall become owner of the Leased Premises by reason of foreclosure or other proceedings brought by it, or by any other manner, or if Lender succeeds to the interests of the Landlord under the Lease, Tenant shall be bound to Lender under all of the terms, covenants and conditions of the Lease for the balance of the term thereof remaining and any extensions or renewals thereof which may be effected in accordance with any option granted in the Lease, with the same force and effect as if Lender were the Landlord under the Lease, and Tenant does hereby attorn to Lender as its Landlord, such attornment to be effective and self-operative without the execution of any further instruments on the part of any of the parties hereto, **PROVIDED, HOWEVER,** that Tenant shall be under no obligation to pay rent to Lender until Tenant receives written notice from Lender that it has become such owner or has succeeded to the interest of the Landlord under the Lease. The respective rights and obligations of Tenant and Lender upon such attornment, to the extent of the then remaining balance of the term of the Lease and any such extensions and renewals, shall be and are the same as now set forth therein; it being the intention of the parties hereto for this purpose to incorporate the Lease in this Agreement by reference with the same force and effect as if set forth at length herein.

6. If Lender shall become owner of the Leased Premises or if Lender shall succeed to Landlord's interest in the Lease, then during the period of Lender's ownership of such interest, but not thereafter, Lender shall be bound to Tenant under all the terms, covenants and conditions of the Lease, and during the period of Lender's ownership of Landlord's interests in the Lease, Tenant shall have the same remedies against Lender for the breach of an agreement contained in the Lease that Tenant would have had against the Landlord if Lender had not become such owner or had not succeeded to Landlord's interest therein; **PROVIDED, HOWEVER,** that notwithstanding any provision in the Lease to the contrary, Lender shall not be:

- (a) liable for any act or omission of any prior landlord arising under the Lease (including the Landlord) or subject to any offsets or defenses which Tenant may have against any prior landlord arising under the Lease (including the Landlord) except acts, omissions, offsets and defenses of which Lender has previously been given notice in accordance with the terms of this Agreement; or

- (b) bound by any rents or additional rent which Tenant might have paid for more than the current month to any prior landlord (including the Landlord); or
- (c) bound by any amendment or modification of the Lease made without its consent.

7. The terms "holder of a mortgage" and "Lender" or any similar term herein or in the Lease shall be deemed to include Lender and any of its successors or assigns, including anyone who shall have succeeded to ownership of the Leased Premises or to Landlord's interests by, through or under foreclosure of the Indenture, or deed in lieu of such foreclosure or otherwise.

The term "Landlord" shall be deemed to include Landlord, the holder of the lessor's interest in the Lease and the fee owner of the Leased Premises and the successors and assigns of any of the foregoing.

8. The Landlord has assigned or will assign to Lender all of Landlord's right, title and interest in the Lease by an Assignment of Rents and Leases ("Rent Assignment"). If in the future there is a default by the Landlord in the performance and observance of the terms of the Indenture, the Lender may at its option under the Rent Assignment require that all rents and other payments due under the Lease be paid directly to Lender. Upon notification to that effect by the Lender, Tenant agrees to pay any payments due under the terms of the Lease to the Lender. The Rent Assignment does not diminish any obligations of the Landlord under the Lease or impose any such obligations on the Lender.

9. This Agreement may NOT be modified except by a written agreement signed by the parties hereto or their respective successors in interest. This agreement shall inure to the benefit of and be binding upon the parties hereto, their successors and assigns.

IN WITNESS WHEREOF, the parties have executed this Agreement on the respective dates set forth in the acknowledgements below.

"Lender"
PROTECTIVE LIFE INSURANCE
COMPANY

BY: _____

ITS: _____

[CORPORATE SEAL]

"Tenant"
THE UNIVERSITY OF
CHICAGO HOSPITALS

BY: _____

ITS: _____

EXHIBIT "A"**(Legal Description of Property)****A PARCEL OF LAND COMPRISED OF THE FOLLOWING:**

- (A) ALL OF LOTS 1, 2 AND 3 IN OWNER'S DIVISION OF LOTS 1, 2, 3, 4, 11, 12, 13, 14, 15 AND 16 (EXCEPT THE NORTH 17 FEET OF SAID LOTS 1 AND 16) IN BLOCK 15 IN CORNELL'S RESUBDIVISION OF BLOCKS 15 AND 16 IN HYDE PARK, BEING A SUBDIVISION OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
- (B) A PART OF LOT 2 IN BLOCK 16 IN CORNELL'S RESUBDIVISION OF BLOCKS 15 AND 16 IN HYDE PARK, BEING A SUBDIVISION OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
- (C) A PART OF EACH OF LOTS 4, 5, 6, 7, 8, 9, 10 AND 11 IN L.B. CURRY'S SUBDIVISION OF LOT 1 IN BLOCK 16 IN CORNELL'S RESUBDIVISION OF BLOCKS 15 AND 16 IN HYDE PARK.
- (D) A PART OF SOUTH LAKE PARK AVENUE VACATED BY ORDINANCE PASSED BY THE CITY COUNCIL OF THE CITY OF CHICAGO ON AUGUST 25, 1966, SAID PARCEL OF LAND BEING BOUNDED AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 4 IN L.B. CURRY'S SUBDIVISION AFORESAID, AND RUNNING:

THENCE EAST ALONG THE NORTH LINE OF SAID LOT 4, A DISTANCE OF 4.65 FEET;
 THENCE SOUTHWARDLY ALONG THE WESTERLY LINE OF SOUTH LAKE PARK AVENUE, 80 FEET WIDE, OPENED BY RESOLUTION ADOPTED BY THE CITY COUNCIL OF THE CITY OF CHICAGO ON AUGUST 25, 1966 (SAID WESTERLY LINE BEING THE ARC OF A CIRCLE CONVEX TO THE NORTHEAST, HAVING A RADIUS OF 5000 FEET, AND BEING 80 FEET WESTERLY FROM AND CONCENTRIC WITH THE WESTERLY LINE OF THE RIGHT OF WAY OF THE ILLINOIS CENTRAL RAILROAD), A DISTANCE OF 289.24 FEET TO THE POINT OF INTERSECTION OF SAID WESTERLY LINE OF SOUTH LAKE PARK AVENUE WITH THE SOUTH LINE PRODUCED EAST OF SAID LOT 3, IN OWNER'S DIVISION AFORESAID;

THENCE WEST ALONG THE SOUTH LINE PRODUCED EAST OF SAID LOT 3, ALONG THE SOUTH LINE OF SAID LOT 3, AND ALONG THE SOUTH LINE OF LOT 2 IN SAID OWNER'S DIVISION, A DISTANCE OF 340.58 FEET TO THE SOUTHWEST CORNER OF SAID LOT 2;

THENCE NORTH ALONG THE WEST LINE OF SAID LOT 2 AND ALONG THE WEST LINE OF LOT 1 IN SAID OWNER'S DIVISION, A DISTANCE OF 283.93 FEET TO THE NORTHWEST CORNER OF SAID LOT 1;

THENCE EAST ALONG THE NORTH LINE OF SAID LOT 1, IN OWNER'S DIVISION AFORESAID, A DISTANCE OF 215.94 FEET TO THE NORTHEAST CORNER OF SAID LOT 1; AND

THENCE EAST ALONG A STRAIGHT LINE, A DISTANCE OF 67.15 FEET TO THE POINT OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS.

CONTAINING 89,681 SQUARE FEET (2.0589 ACRES) OF LAND, MORE OR LESS.

THE HEREINBEFORE PARCEL OF LAND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

A PARCEL OF LAND IN THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, BEING BOUNDED AND DESCRIBED AS FOLLOWS:
 BEGINNING AT THE POINT OF INTERSECTION OF THE SOUTH LINE OF EAST HYDE PARK BOULEVARD AND THE EAST LINE OF SOUTH HARPER AVENUE, AND RUNNING;

THENCE NORTH 89 DEGREES 34 MINUTES 43 SECONDS EAST (THE BASIS OF BEARINGS BEING ASSUMED) ALONG SAID SOUTH LINE OF EAST HYDE PARK BOULEVARD, A DISTANCE OF 287.76 FEET TO THE POINT OF INTERSECTION WITH THE WESTERLY LINE OF SOUTH LAKE PARK AVENUE OPENED BY RESOLUTION RECORDED AS DOCUMENT NUMBER 19976969, SAID POINT OF INTERSECTION BEING A POINT ON A NON TANGENT CURVE;

THENCE SOUTHEASTWARDLY ALONG SAID WESTERLY LINE OF SOUTH LAKE PARK AVENUE, BEING AN ARC OF A CIRCLE, CONCAVE TO THE SOUTHWEST, HAVING A RADIUS OF 5,000 FEET, AND A CHORD BEARING SOUTH 10 DEGREES 29 MINUTES 12 SECONDS EAST, AN ARC DISTANCE OF 289.24 FEET, TO A POINT OF INTERSECTION WITH THE EASTWARD EXTENSION OF THE SOUTH LINE OF LOT 3 IN OWNER'S DIVISION OF LOTS 1, 2, 3, 4, 11, 12, 13, 14, 15 AND 16 (EXCEPT THE NORTH 17 FEET OF SAID LOTS 1 AND 16) IN BLOCK 15 IN CORNELL'S RESUBDIVISION OF BLOCKS 15 AND 16 IN HYDE PARK, BEING A SUBDIVISION OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 11 AFORESAID;

THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST ALONG SAID EASTWARD EXTENSION OF THE SOUTH LINE OF LOT 3, THE SOUTH LINE OF SAID LOT 3 AND THE SOUTH LINE OF LOT 2 IN SAID OWNER'S DIVISION, A DISTANCE OF 340.58 FEET, TO A POINT OF INTERSECTION WITH THE EAST LINE OF SOUTH HARPER AVENUE;

THENCE NORTH 00 DEGREES 02 MINUTES 13 SECONDS EAST ALONG SAID EAST LINE OF SOUTH HARPER AVENUE, A DISTANCE OF 283.93 FEET, TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

March 19, 2010

Ms. Delia Wozniak
President
DMW and Associates, Inc.
3716 North Bernard Street
Chicago, Illinois 60618

RE: Change of Ownership
University of Chicago – Lake Park
1531 Hyde Park Boulevard, Chicago, Illinois 60617

Conditions of the Space Lease

Dear Ms. Wozniak:

DaVita Inc., through its wholly-owned operating entity Total Renal Care Inc., proposes to purchase substantially all of the assets of the aforementioned chronic renal dialysis facility from the University of Chicago Medical Center (UCMC). The proposed purchase includes a provision allowing DaVita to assume the space lease.

The facility has 8,085 gross square feet (gsf.) The lease terms are \$22.03 per gsf triple net.

The terms of the lease appear reasonable based on a comparison to similar rents in the area (see attached analysis.) Also, lease expenses are less costly than constructing a new facility.

Sincerely,

Kent J. Thiry
Chairman and Chief Executive Officer

NOTARY
See attached

Sincerely,

Dennis L. Kogod
Chief Operating Officer

NOTARY
See Attached

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ATTACHMENT 76(1)
Page 1 of 6

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES)

On 4/1/10 before me, CHRISTINA JIMENEZ, NOTARY PUBLIC
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, DENNIS L. KOGOD

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Christina Jimenez (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT CONDITIONS OF SPACE LEASE - LAKE PARK

DATE OF DOCUMENT 3/19/10 NUMBER OF PAGES 4

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

State of Colorado

County of: Denver

On 4-7-10, before me, Theresa Moran,
Notary Public, personally appeared KENT THIRY
(name(s) of signers)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal



Place Notary Seal Above

Theresa Moran
Signature of Notary Public

My commission expires: 9-4-13

USI Real Estate Brokerage Services, Inc.
Broker Opinion of Value
March 8, 2010

GOAL: Determine fair market rent for similar type properties in the Chicago market

SUBJECT
PROPERTY: 8721 S. Stony Island Chicago, IL 60617
1531 Hyde Park Blvd. Chicago, IL 60617
1160-66 E. 55th Street Chicago, IL 60615

SUBJECT
PROPERTY
RENT: \$240,402 or \$25.75 per square foot
\$178,125 or \$22.03 per square foot
\$210,373 or \$25.93 per square foot

CURRENT COMPS: See following page

MARKET
RANGE: Current market rents for properties comparable to the subject property range from \$25.00 - \$30.00 Gross ("Comparable Properties"). The subject properties are well located in very small medical building markets. The demand for 5 -10,000 sq. ft. are more difficult to locate than smaller medical office. The closer we got to University of Chicago Hospital the tighter the supply. There are a number of medical buildings in the area but most are 100% leased or have small spaces available. We compared buildings which were all medical or contained several medical users.

CONCLUSION: Based on a comparison of the characteristics (as described above) of the Subject Property to the Comparable Properties, the **Fair Market Rental Range** for 8721 S. Stony Island Chicago, IL 60617, 1531 Hyde Park Blvd. Chicago, IL 60617 and 1164 E. 55th Street Chicago, IL 60615 is between \$25.00 to \$30.00 Gross.

PREPARED BY: McLennan Commercial John Steffens

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ATTACHMENT 76(1)
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Subject Property



8721 S. Stony Island Chicago, IL 60617

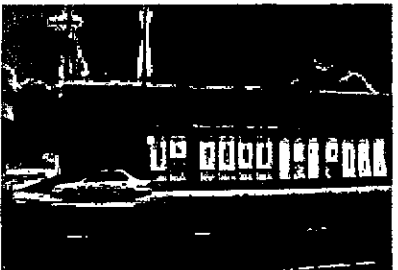
| | |
|------------------------|-----------|
| Building Class / Type: | C |
| Total Building Size: | 22,586 SF |
| Year Built: | 1973 |
| DaVita Space: | 9,336 SF |

Subject Property



1531 Hyde Park Blvd. Chicago, IL 60617

| | |
|------------------------|-----------|
| Building Class / Type: | B |
| Total Building Size: | 66,000 SF |
| Year Built: | 1969 |
| DaVita Space: | 8,085 SF |



1164 E. 55th Street Chicago, IL 60615

| | |
|------------------------|-------------|
| Building Class / Type: | C |
| Total Building Size: | 11,000 est. |
| Year Built: | 1973 est. |
| DaVita Space: | 8,110 SF |

Comparables Properties



5401 S Wentworth Ave

Grand Boulevard Plaza
Chicago, IL 60609

Building Class / Type: B
Total Building Size: 144,000 SF
Year Built: 1973

Available Space: Total Avail: 14,975 SF 10,000 contiguous.
Rental Rate: \$28.00 to \$30.00 gross

1525 E 53rd St, Suite 530

Chicago, IL 60615

Building Class/Type: B
Total Building Size: 110,000 SF
Year Built: 1920, Renovation 1991
Available Space: 8,899 SF
Rental Rate: \$30.00 gross



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Greenwood Dialysis Center
1111-1135 E 87th St, Suite 700
Bldg A
Chicago, IL 60619



Building Class/Type: B
Total Building Size: 65,000 SF
Year Built: 19
Available Space: total 9,524 with largest 7,524 SF
Rental Rate: \$25.00 gross

Market Summary

Although rental rates vary above, based on the existing building type and class, the expected range of market rental rates is between \$25.00 and \$30.00 Gross.

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ATTACHMENT 76(1)
Page 6 of 6

OTHER PROJECT COSTS
University of Chicago – Lake Park

| <u>Area</u> | <u>Amount</u> | <u>Basis for Estimate</u> |
|--|--------------------|---|
| PREPLANNING | | |
| CON Fee | \$8,400 | Regulation |
| CONSULTING & OTHER FEES | | |
| CON Consulting | \$22,500 | Agreement |
| Legal | <u>\$30,000</u> | DaVita Estimate |
| | \$52,500 | |
| FAIR MARKET VALUE OF LEASED SPACE | | |
| | FMV \$1,047,008 | Buyer's Opinion of Value (BOV) See Attachment 7B |
| ACQUISITION OF ASSETS | \$2,677,026 * | Letter of Intent to Purchase See Attachment 7C |
| TOTAL PROJECT COST | <u>\$3,784,934</u> | |

* The proposed Purchase Agreement between TRC and UCMC includes the sale and purchase of all of UCMC's chronic dialysis assets, and includes the following three outpatient hemodialysis facilities as well as its Home Dialysis Program:

- University of Chicago – Woodlawn, 1164 E. 55th Street in Chicago (60615)
- University of Chicago – Lake Park, 1531 Hyde Park Blvd. in Chicago (60615)
- University of Chicago – Stony Island, 8721 S. Stony Island in Chicago (60617)
- University of Chicago – Home Programs

The total proposed purchase price for the transaction is \$27.8 million. The price of the various entities is as follows based on a discounted cash flow analysis:

| | |
|---------------------------------------|--------------------|
| University of Chicago – Woodlawn | \$2,219,856 |
| University of Chicago – Lake Park | \$2,677,026 |
| University of Chicago – Stony Island | \$13,959,013 |
| University of Chicago – Home Programs | <u>\$8,944,105</u> |
| Total | \$27,800,000 |

**Proposed Change of Ownership from
University of Chicago – Lake Park to
Total Renal Care Inc. d/b/a Lake Park Dialysis**

**Projected Operating Costs
1st Full Year of Operation
2011**

| | |
|-------------------------------------|------------------|
| Salaries and Benefits (approx. 35%) | \$1,992,251 |
| Medical Supplies (Excluding Epogen) | <u>\$423,427</u> |
| TOTAL | \$2,415,678 |
| Number of Treatments | 18,351 |
| Cost per Treatment | <u>\$131.64</u> |

SOURCE: Feasibility Study in Attachment 76(4).

USES OF FUNDS

| | Cost | Life | Annual Depreciation |
|------------------------|--------------------|------|------------------------|
| Inventory | \$91,341 | 0 | \$0 |
| Fixed Assets | \$174,571 | 7 | \$24,939 |
| Leasehold Improvements | \$100,000 | 10 | \$10,000 |
| Non-Compete Allocation | \$267,703 | 10 | \$26,770 |
| Goodwill | \$2,043,411 | 0 | \$0 |
| FMV of Leased Space | \$1,047,008 | 0 | \$0 |
| Fees/services | \$60,900 | 0 | \$0 |
| Total | \$3,784,934 | | \$61,709 |
| Facility | | | |
| Square feet of space | 8,085 | | |
| Cost per square foot | \$11.30 | | |
| Hemo stations | 19 | | |

| ESTIMATED CAPITAL EXPENDITURES | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|-----------------------------------|-----------|-------------|----------|----------|----------|
| | \$377,500 | \$1,992,975 | \$30,000 | \$30,000 | \$30,000 |

INCOME STATEMENT

| | Pro Forma Projected | | | | |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Treatments | | | | | |
| Chronic | 18,351 | 19,177 | 20,040 | 20,942 | 21,884 |
| Home | 0 | 0 | 0 | 0 | 0 |
| Total Treatments | 18,351 | 19,177 | 20,040 | 20,942 | 21,884 |
| Growth | | 4.5% | 4.5% | 4.5% | 4.5% |
| Net Revenue | \$5,658,856 | \$ 5,813,743 | \$ 6,140,902 | \$ 6,488,108 | \$ 6,861,828 |
| <i>Net Revenue/Tx</i> | <i>\$308</i> | <i>\$303</i> | <i>\$306</i> | <i>\$310</i> | <i>\$314</i> |
| SW&B | \$1,992,251 | \$2,044,084 | \$2,146,055 | \$2,254,189 | \$2,368,908 |
| Other Expenses | \$2,916,256 | \$3,041,902 | \$3,185,913 | \$3,351,680 | \$3,527,058 |
| Total Expenses | \$4,908,508 | \$5,085,986 | \$5,331,969 | \$5,605,869 | \$5,895,966 |
| EBITDA | \$750,349 | \$727,757 | \$808,933 | \$882,238 | \$965,862 |
| <i>EBITDA/Tx</i> | <i>\$40.89</i> | <i>\$37.95</i> | <i>\$40.37</i> | <i>\$42.13</i> | <i>\$44.13</i> |
| <i>EBITDA as a % of Revenue</i> | <i>13.3%</i> | <i>12.5%</i> | <i>13.2%</i> | <i>13.6%</i> | <i>14.1%</i> |

| | | | | | | | | | | |
|---------------------------|-------|-------------|----|-------------|----|-------------|----|-------------|----|-------------|
| Depr & Amort | \$ | 108,545 | \$ | 337,220 | \$ | 341,505 | \$ | 345,791 | \$ | 350,077 |
| EBIT | | \$641,804 | | \$390,538 | | \$467,427 | | \$536,447 | | \$615,785 |
| Interest Expense | 0.0% | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| Pre-Tax Income | | \$641,804 | | \$390,538 | | \$467,427 | | \$536,447 | | \$615,785 |
| Income Taxes | 40.4% | \$259,289 | | \$157,777 | | \$188,841 | | \$216,725 | | \$248,777 |
| Net Income | | \$382,515 | | \$232,760 | | \$278,587 | | \$319,722 | | \$367,008 |
| Shares Outstanding | | 103,200,000 | | 103,200,000 | | 103,200,000 | | 103,200,000 | | 103,200,000 |
| Incremental EPS | | \$0.004 | | \$0.002 | | \$0.003 | | \$0.003 | | \$0.004 |

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UC - Lake Park

PRO FORMA

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|-----------------------------|-------------|---------------|-------------|-------------|-------------|
| Treatments | | | | | |
| Chronic | 18,351 | 19,177 | 20,040 | 20,942 | 21,884 |
| PD | 0 | 0 | 0 | 0 | 0 |
| Total Treatments | 18,351 | 19,177 | 20,040 | 20,942 | 21,884 |
| Growth | | 4.5% | 4.5% | 4.5% | 4.5% |
| REVENUES: | | | | | |
| In Center | \$4,101,407 | \$5,431,671 | \$5,741,636 | \$6,070,875 | \$6,425,820 |
| Home | \$0 | \$0 | \$0 | \$0 | \$0 |
| Epogen | \$1,026,341 | \$208,803 | \$218,200 | \$228,019 | \$238,279 |
| Other Ancillary | \$531,108 | \$173,269 | \$181,066 | \$189,214 | \$197,729 |
| Gross Revenue | \$5,658,856 | \$5,813,743 | \$6,140,902 | \$6,488,108 | \$6,861,828 |
| Less: | | | | | |
| Contractual Allowances | \$0 | \$0 | \$0 | \$0 | \$0 |
| Epogen Allowance | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Revenue | \$5,658,856 | \$5,813,743 | \$6,140,902 | \$6,488,108 | \$6,861,828 |
| Net Revenue/Tx | \$308 | \$303 | \$306 | \$310 | \$314 |
| EXPENSES: | | | | | |
| SW&B - Chronic | \$1,992,251 | \$2,044,084 | \$2,146,055 | \$2,254,189 | \$2,368,908 |
| SW&B - Home | \$0 | \$0 | \$0 | \$0 | \$0 |
| Medical Supplies - Chronic | \$423,427 | \$428,109 | \$447,374 | \$467,506 | \$488,544 |
| Medical Supplies - Home | \$0 | \$0 | \$0 | \$0 | \$0 |
| Medical Supplies - Other | \$0 | \$0 | \$0 | \$0 | \$0 |
| Pharmacy | \$443,020 | \$469,210 | \$496,958 | \$526,357 | \$557,506 |
| Lab | \$18,149 | \$18,965 | \$19,819 | \$20,711 | \$21,643 |
| Epogen | \$818,785 | \$872,825 | \$930,436 | \$991,849 | \$1,057,315 |
| Provision for Bad Debts | \$141,471 | \$145,344 | \$153,523 | \$162,203 | \$171,546 |
| Maintenance and Repair | \$121,000 | \$126,445 | \$132,135 | \$138,082 | \$144,295 |
| Utilities and Telephone | \$102,350 | \$105,420 | \$108,583 | \$111,841 | \$115,196 |
| Insurance | \$26,141 | \$28,137 | \$30,286 | \$32,598 | \$35,087 |
| Taxes and Licenses | \$28,595 | \$29,167 | \$29,750 | \$30,345 | \$30,952 |
| Other Supplies | \$30,730 | \$32,113 | \$33,558 | \$35,068 | \$36,646 |
| Other Expenses | \$171,409 | \$176,836 | \$188,490 | \$200,911 | \$214,151 |
| Physician Fees | \$110,000 | \$110,000 | \$110,000 | \$110,000 | \$110,000 |
| Rent | \$233,433 | \$240,436 | \$234,459 | \$241,493 | \$248,737 |
| G&A Expenses | \$247,745 | \$258,893 | \$270,543 | \$282,718 | \$295,440 |
| Total Expenses | \$4,908,508 | \$5,085,986 | \$5,331,969 | \$5,605,869 | \$5,895,966 |
| EBITDA | \$750,349 | \$727,757 | \$808,933 | \$882,238 | \$965,862 |
| EBITDA/Tx | \$40.89 | \$37.95 | \$40.37 | \$42.13 | \$44.13 |
| EBITDA as a % of Revenue | 13.3% | 12.5% | 13.2% | 13.6% | 14.1% |
| Depr & Amort | \$ 108,545 | \$ 337,220 | \$ 341,505 | \$ 345,791 | \$ 350,077 |
| EBIT | \$641,804 | \$390,538 | \$467,427 | \$536,447 | \$615,785 |
| CASH FLOW: | | | | | |
| Net Income | \$382,515 | \$232,760 | \$278,587 | \$319,722 | \$367,008 |
| Depr & Amort | \$108,545 | \$337,220 | \$341,505 | \$345,791 | \$350,077 |
| Capital Expenditures | (\$377,500) | (\$1,992,975) | (\$30,000) | (\$30,000) | (\$30,000) |
| Incremental Working Capital | (\$917,227) | (\$25,476) | (\$89,870) | (\$62,290) | (\$67,219) |
| Net Cash Flow | (\$803,667) | (\$1,448,470) | \$530,223 | \$573,224 | \$619,866 |

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IN - CENTER

| Month | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
|-------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|
| | Patients | Treatments | Patients | Treatments | Patients | Treatments | Patients | Treatments | Patients | Treatments |
| 1 | 125 | 1,554 | 130 | 1,559 | 135 | 1,626 | 143 | 1,785 | 147 | 1,837 |
| 2 | 125 | 1,501 | 130 | 1,624 | 136 | 1,696 | 144 | 1,789 | 148 | 1,778 |
| 3 | 126 | 1,506 | 131 | 1,569 | 137 | 1,578 | 144 | 1,660 | 149 | 1,787 |
| 4 | 126 | 1,511 | 131 | 1,575 | 137 | 1,713 | 144 | 1,797 | 150 | 1,865 |
| 5 | 126 | 1,517 | 132 | 1,580 | 138 | 1,658 | 145 | 1,734 | 150 | 1,735 |
| 6 | 127 | 1,580 | 132 | 1,646 | 139 | 1,666 | 145 | 1,738 | 151 | 1,883 |
| 7 | 127 | 1,527 | 133 | 1,591 | 140 | 1,738 | 145 | 1,809 | 152 | 1,892 |
| 8 | 128 | 1,414 | 133 | 1,535 | 140 | 1,553 | 145 | 1,611 | 153 | 1,691 |
| 9 | 128 | 1,597 | 133 | 1,663 | 141 | 1,691 | 146 | 1,749 | 153 | 1,840 |
| 10 | 129 | 1,543 | 134 | 1,545 | 142 | 1,699 | 146 | 1,753 | 154 | 1,850 |
| 11 | 129 | 1,548 | 134 | 1,674 | 142 | 1,773 | 146 | 1,824 | 155 | 1,859 |
| 12 | 129 | 1,553 | 135 | 1,618 | 143 | 1,650 | 147 | 1,693 | 156 | 1,868 |
| Total | | <u>18,351</u> | | <u>19,177</u> | | <u>20,040</u> | | <u>20,942</u> | | <u>21,884</u> |
| Check | | (0) | | 0 | | (0) | | (0) | | (0) |

HOME

| Month | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
|-------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
| | Patients | Treatments | Patients | Treatments | Patients | Treatments | Patients | Treatments | Patients | Treatments |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| Total | | | | | | | | | | |

| <u>New Patients on Service</u> | |
|---------------------------------------|------------|
| Beginning Patients | 125 |
| Less 14.0% Mortality | 17 |
| Ending Patients | <u>129</u> |
| Net New Patients | <u>22</u> |

| | |
|----------------------|------------|
| Beginning Patients | 143 |
| Less 14.0% Mortality | 20 |
| Ending Patients | <u>147</u> |
| Net New Patients | <u>23</u> |

| | |
|----------------------|------------|
| Beginning Patients | 135 |
| Less 14.0% Mortality | 19 |
| Ending Patients | <u>143</u> |
| Net New Patients | <u>26</u> |

| | |
|----------------------|------------|
| Beginning Patients | 130 |
| Less 14.0% Mortality | 18 |
| Ending Patients | <u>135</u> |
| Net New Patients | <u>23</u> |

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UC - Lake Park

Assumptions for Acquisition:

| | |
|------------------------|--------------------|
| Acquisition Costs: | |
| Inventory | \$91,341 |
| Fixed Assets | \$174,571 |
| Leasehold Improvements | \$100,000 |
| Non-Compete Allocation | \$267,703 |
| Goodwill | \$2,043,411 |
| FMV of Leased Space | \$1,047,008 |
| Fees/services | \$60,900 |
| Total | <u>\$3,784,934</u> |

Revenues: Based on combination of current UCMC census/payor mix and DVA-Chicago reimbursement history

Expenses: Based on current UCMC levels combined with DVA-Chicago per tx expense comps

Bad Debt: Based on 2.5% of net revenue.

Proposed Staffing: SW&C's projected using current UCMC staffing levels/rates
Benefits portion of SWB's is approximately 35%

Patient Census: Census projected to increase from 125 pts at the beginning of year 1 to 156 pts at the end of year 5 (-4.5% CAGR)

Working Capital: Funded by DVA and Net Income
Assumes A/R @ 80 days for years 1-5
Assumes Inventory @ 18 days for years 1-5

**Proposed Change of Ownership from
University of Chicago – Lake Park to
Total Renal Care Inc. d/b/a Lake Park Dialysis**

**Projected Capital Costs
1st Full Year of Operation**

2011

| | |
|-----------------------------------|----------------------|
| Depreciation/Amortization | \$108,545 |
| Interest | <u>0</u> |
| TOTAL | \$108,545 |
| Number of Treatments | 18,351 |
| Capital Cost per Treatment | <u>\$5.91</u> |

SOURCE: Feasibility Study in Attachment 76(4).

Safety Net Impact Statement

The project has no impact on "Safety Net Service" providers as defined in Public Act 96-031. Hemodialysis is a unique health care service which is covered by Medicare regardless of patient age. The rare patient who may ultimately be denied Medicare coverage due to lack of citizenship receives coverage through the State of Illinois' Medicaid program. See the following page for DaVita's payer mix by revenues and treatments for Illinois and Chicago facilities.

DaVita facilities will provide any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

Below is the process whereby DaVita ensures that patients receive care. DaVita first verifies Medicare or Medicaid eligibility and/or private insurance coverage. Patients who lack insurance are authorized to receive treatment at the facility level with necessary written approval while they complete necessary applications for Medicare or Medicaid. Medicaid under Illinois law will provide treatment back to the first date of treatment. Medicare has a waiting period of 90 days after starting an ongoing course of dialysis. In any case, DaVita treats the patient with ongoing dialysis whether the service is ever covered or not.

Persons, who are not eligible for medical benefits because they do not meet citizenship/immigration requirements, may qualify for medical emergency care under Illinois law. Hemodialysis is considered an emergency medical condition and as long as the patient needs hemodialysis services they are covered. If there is a gap in coverage or eligibility for coverage at any time and in any case, DaVita provides care to those in any of those circumstances.

DaVita offers monthly pre-ESRD teaching to any patient who would like to attend at community based centers near its dialysis centers. Classes consist of the following different curricula: Making Healthy Choices, Taking Control and Treatment Choices including transplant services from local programs. The classes offer patients tips on how to maintain healthy living and the pro and cons of the options available for treating end stage renal disease (ESRD) along with the process to receive a transplant.

DaVita also has a website (DaVita.com) that offers an education section with topics such as kidney disease, dialysis, home dialysis, transplant and diet & nutrition. The DaVita website contains multiple sources for services available, recipes for patients with ESRD, other tools provided by DaVita and videos about multiple topics.

DaVita Clinical Research (DCR) is a renal Phase I-IV clinical trial site and site management organization. It offers the following services: Phase I-IV, Pharmacokinetics, and Pharmacodynamics. Our specialty patient population includes Renal, Renal Transplants and Peritoneal Dialysis. DCR is committed to the success of our customers' studies in providing the highest quality, professional services. It is unique, with Phase I-IV clinical trial capabilities, quick local or central institutional review board (IRB) approval, rapid enrollment of patients and board-certified physicians committed to managing all protocol-related activities. It has been conducting clinical trials for over 15 years and has worked with over 65 drug and device sponsors, to provide quality, timely and cost effective clinical trials.

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ATTACHMENT 77

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DaVita Inc.

Revenues and Treatments, By Payer

| | <u>2007</u> | <u>2008</u> | <u>2009</u> |
|----------------------------|---------------|---------------|---------------|
| ILLINOIS REVENUES | | | |
| Medicare | 48.3% | 52.6% | 53.0% |
| BCBS of IL | 14.7% | 13.0% | 14.2% |
| Medicaid | 5.4% | 5.8% | 5.5% |
| Patient | 0.2% | 0.2% | 0.3% |
| Commercial/all other | 31.4% | 28.5% | 27.0% |
| Total | 100.0% | 100.0% | 100.0% |
| CHICAGO REVENUES | | | |
| Medicare | 44.5% | 49.6% | 50.2% |
| BCBS of IL | 19.8% | 17.6% | 17.8% |
| Medicaid | 8.5% | 9.0% | 8.7% |
| Patient | 0.2% | 0.3% | 0.6% |
| Commercial/all other | 27.0% | 23.5% | 22.7% |
| Total | 100.0% | 100.0% | 100.0% |
| Illinois Treatments | | | |
| Medicare | 77.0% | 77.2% | 77.3% |
| BCBS of IL | 5.1% | 5.2% | 5.6% |
| Medicaid | 6.9% | 6.6% | 6.5% |
| Patient | 0.3% | 0.3% | 0.6% |
| Commercial/all other | 10.7% | 10.6% | 10.1% |
| Total | 100.0% | 100.0% | 100.0% |
| Chicago Treatments | | | |
| Medicare | 73.1% | 74.0% | 73.8% |
| BCBS of IL | 7.1% | 7.7% | 7.5% |
| Medicaid | 11.8% | 11.1% | 10.8% |
| Patient | 0.4% | 0.4% | 1.0% |
| Commercial/all other | 7.6% | 6.8% | 6.9% |
| Total | 100.0% | 100.0% | 100.0% |

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Please refer to CON Applications ##10-009 and 10-010
To review copies of DaVita Inc.'s Financial Statements

DAVITA INC.*

Audited Historic Financial Statements
2007- 2009

Financial Estimates
2010 - 2012

* DaVita Inc. is the holding company for various wholly-owned subsidiaries, including Total Renal Care Inc. (TRC), Renal Treatment Centers Inc. (RTC) and Renal Life Link Inc. (RLL).

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ATTACHMENT FINANCIALS