

Original

10-086

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION **RECEIVED**

This Section must be completed for all projects.

DEC 28 2010

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care East Aurora</i>				HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: <i>924 E. New York Street</i>					
City and Zip Code: <i>Aurora 60505</i>					
County:	<i>Kane</i>	Health Service Area	<i>8</i>	Health Planning Area:	

Applicant /Co-Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Sandwich, LLC d/b/a Fresenius Medical Care East Aurora</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Rice Powell</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

Type of Ownership of Applicant/Co-Applicant

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

- 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.

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

Primary Contact

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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Additional Contact

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

Name: <i>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9118</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>Holland & Knight, LLP</i>
Address: <i>131 S. Dearborn, 30th Floor, Chicago, IL 60603</i>
Telephone Number: <i>312-578-6567</i>
E-mail Address: <i>clare.ranalli@hklaw.com</i>
Fax Number: <i>312-578-6666</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Mercy Lane, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 40223</i>
Street Address or Legal Description of Site: <i>924 E. New York Street, Aurora, IL 60505</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , 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: <i>Fresenius Medical Care Sandwich, LLC d/b/a Fresenius Medical Care East Aurora</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" 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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION
 [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.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements
 [Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT-6, 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)]

Part 1110 Classification:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:
 [Check one only.]

- Part 1120 Not Applicable
- Category A Project
- Category B Project
- DHS or DVA Project

2. 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.

Fresenius Medical Care Sandwich, LLC, proposes to establish a 12 station in-center hemodialysis facility at 924 E. New York Street, Aurora, Illinois. The facility will be in leased space. The interior of the leased space will be built out by the applicant.

Fresenius Medical Care East Aurora will be in HSA 8.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide chronic renal dialysis services

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,109,250	N/A	1,109,250
Contingencies	110,500	N/A	110,500
Architectural/Engineering Fees	115,800	N/A	115,800
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	286,000	N/A	286,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment 2,566,915 180,525	2,747,440	N/A	2,747,440
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	4,368,990		4,368,990
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	1,621,550	N/A	1,621,550
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,747,440	N/A	2,747,440
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	4,368,990	N/A	4,368,990
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 \$ <u>77,818</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>09/30/2013</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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
REVIEWABLE							
ESRD							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

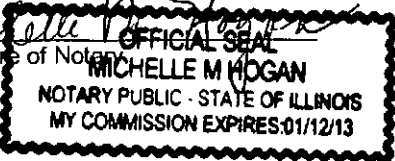
This Application for Permit is filed on the behalf of Fresenius Medical Care Sandwich, LLC * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on 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]
SIGNATURE
Regional VP
PRINTED NAME

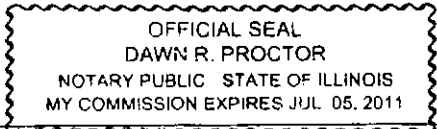
PRINTED TITLE

[Signature]
SIGNATURE
NAVINCHANDRA D JHITA MD
PRINTED NAME
JV PARTNER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of December 2010

[Signature]
Signature of Notary
Seal


Notarization:
Subscribed, and sworn to before me
this 20th day of December 2010

[Signature]
Signature of Notary
Seal



*Insert EXACT legal name of the applicant

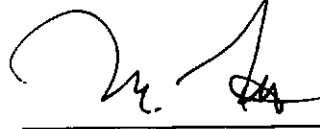
CERTIFICATION

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

- 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 Fresenius Medical Care Holdings, 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.

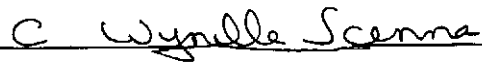

 SIGNATURE
 Marc Lieberman
 PRINTED NAME
 Treasurer
 PRINTED TITLE


 SIGNATURE
 Mark Pawcett
 Vice President & Asst. Treasurer
 PRINTED TITLE

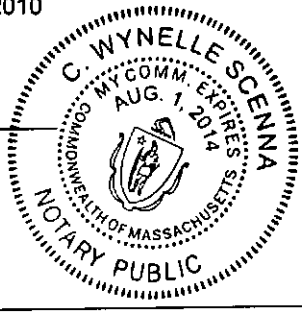
Notarization:
Subscribed and sworn to before me
this ___ day of ___ 2010

Notarization:
Subscribed and sworn to before me
this 10 day of Dec 2010

Signature of Notary
Seal



Signature of Notary
Seal



*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

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 as appropriate.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** 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
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

1,621,550	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
N/A	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
N/A	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
2,747,440	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
N/A	e) Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
N/A	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
N/A	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
4,368,990	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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.

2. Variance **NOT APPLICABLE**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) 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. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS: NOT APPLICABLE – PROJECT IS NON-SUBSTANTIVE AND IS NOT A DISCONTINUTAION

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.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

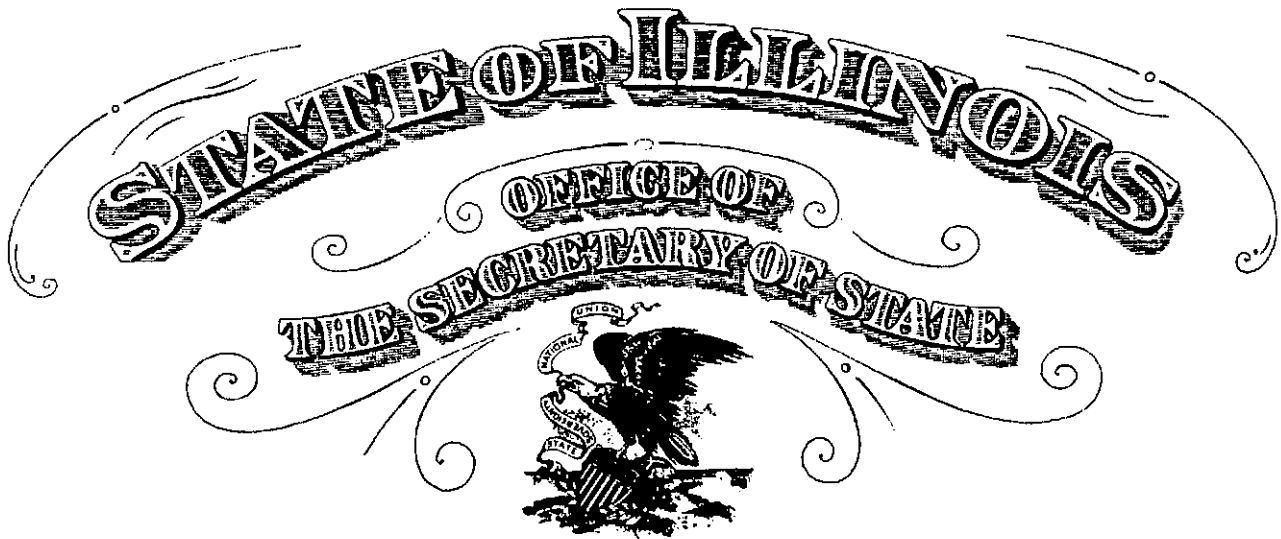
A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	21-22
2	Site Ownership	23-27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	30
7	Project and Sources of Funds Itemization	31-32
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9	Cost Space Requirements	34
10	Discontinuation	
11	Background of the Applicant	35-38
12	Purpose of the Project	39
13	Alternatives to the Project	40-43
14	Size of the Project	44
15	Project Service Utilization	45
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
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25	Cardiac Catheterization	
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28	General Long Term Care	
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30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	86-91
40	Financial Waiver	92-93
41	Financial Viability	
42	Economic Feasibility	94-98
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44	Charity Care Information	99
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	Appendix 2 – Referral Letters	110-115



To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE SANDWICH, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 17, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1035401648

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 20TH day of DECEMBER A.D. 2010 .

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT - 1

Co - Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*

Address: *920 Winter Street, Waltham, MA 02451*

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Mats Wahlstrom*

CEO Address: *920 Winter Street, Waltham, MA 02541*

Telephone Number: *781-669-9000*

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 |

- 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.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Mercy Lane, LLC*

Address of Site Owner: *10531 Timberwood Circle, Suite D, Louisville, KY 40223*

Street Address or Legal Description of Site: *924 E. New York Street, Aurora, IL 60505*

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

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

Mercey Lane, LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

September 20, 2010

Attn: Bill Popken

RE: **Fresenius Medical Care Dialysis Center**
924 New York Street, Aurora, IL Letter Of Intent

Dear Bill,

Mercey Lane, LLC ("Landlord") hereby express its interest in negotiating a Lease of the above reference property with Fresenius Medical Care ("Tenant"). By your execution hereof, you represent that you have been dully authorized to sign this letter on behalf of Tenant.

This is a letter of intently only. It is not legally binding on either party, notwithstanding anything to the contrary in this letter. It is, however an indication of good faith intent between the parties to be detailed in the future lease agreement if the parties so agree.

OWNERSHIP:

Mercey Lane LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

LOCATION:

924 East New York Street, Aurora, IL
Parcel # PDFNL09.007 Lot 1 per attached

**INITIAL SPACE
REQUIREMENTS:**

Approximately 8,500 SF of contiguous usable square feet.

PRIMARY TERM:

Twelve (12) years.

POSSESSION DATE:

FMC will have the right to take possession of the premises upon substantial completion of Landlord's work.

COMMENCEMENT DATE:

90 days after Possession .

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates.

RENTAL RATE:

\$23.00 SF NET. Rent will escalate by 10% in year (5) and 10.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Operating Expenses and Taxes are estimated to be approximately \$5.00 per square foot.

**DEMISED PREMISES
SHELL:**

Landlord using Tenant standard shell specifications shall design, construct and deliver a shell building. ("Landlord Work")

PARKING:

Landlord will provide parking 4 per 1,000 in accordance with state and local requirements.

**CORPORATE
IDENTIFICATION:**

FMC will have complete signage rights in accordance with local code.

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without landlord's consent. Any other assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord represents that the property zoning is acceptable for use as a Dialysis Clinic and if there are no restrictive covenants on the property

FINANCING:

FMC will require a non-disturbance agreement.

EXCLUSIVE TERRITORY:

Landlord agrees not to lease space under its control to another dialysis provider within a five mile radius of the proposed location.

CON CONTINGENCY:

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

does not expect to receive a CON permit prior to February 2011. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by February 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

BROKERAGE FEE:

Per separate agreement.

INDEMNITY:

If for any reason FMC does not sign the Lease Agreement pursuant to the terms contemplated herein or if the CON is not obtained, FMC agrees to reimburse Landlord for all reasonable out-of-pocket costs Landlord incurs in connection with securing the Property for FMC not to exceed \$30,000.00 (including, without limitation, reasonable due diligence costs, Option deposits, appraisals, environmental reports, soil tests, etc.; reasonable fees and costs of attorneys, architects, engineers and other contractors; and reasonable costs incurred in connection with obtaining governmental approvals and permits). This provision is intended to be binding upon the parties, notwithstanding any provision to the contrary contained herein to the contrary.

This offer is not intended to be contractual in nature and only an executed lease delivered to both parties can bind the parties to this transaction. It is expressly understood, agreed, and hereby acknowledged, that only upon the proper execution of a fully completed, formal lease contract, with all the lease terms and conditions clearly defined and included therein, will there then be any obligation, of any kind or nature, incurred or created between the herein parties in connection with the referenced property.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Sincerely,

Chad Middenforf
Manager

AGREED AND ACCEPTED this ____ day of _____, 2010

By: _____

Title: _____

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

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

Exact Legal Name: *Fresenius Medical Care Sandwich, LLC d/b/a Fresenius Medical Care East Aurora*

Address: *920 Winter Street, Waltham, MA 02451*

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

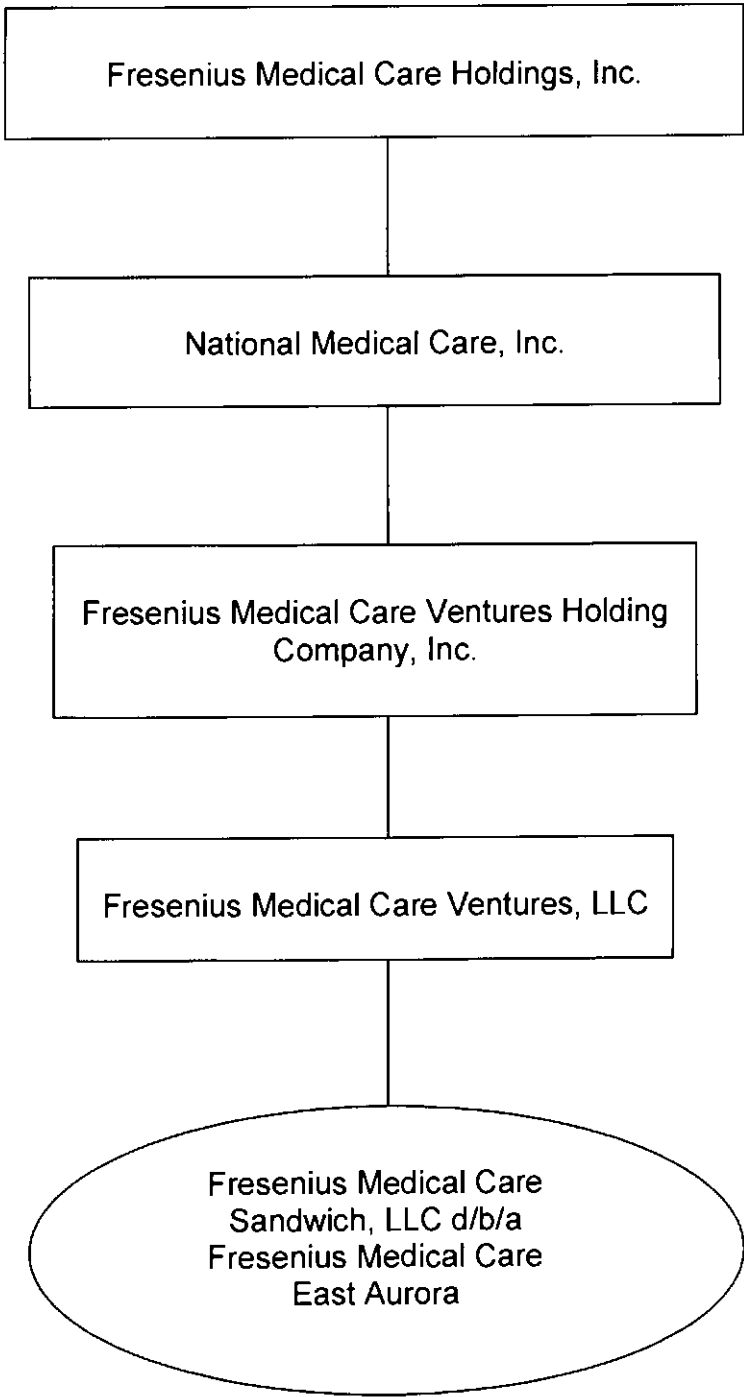
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

Certificate of Good Standing at Attachment – 1.

Ownership

Fresenius Medical Care Ventures, LLC has a 60% membership interest in Fresenius Medical Care Sandwich, LLC.

SS Renal, LLC has a 40% membership interest in Fresenius Medical Care Sandwich, LLC. Its address is 1472 Greenlake Drive, Aurora, IL 60502





**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Kane County
Aurora

CON - Establish a 12 Station Dialysis Facility
924 E. New York St.
IHPA Log #009071510

July 30, 2010

Lori Wright
Fresenius Medical Care
One Westbrook Corporate Center, Suite 1000
Westchester, IL 60154

Dear Ms. Wright:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Anne E. Haaker
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	54,000
Temp Facilities, Controls, Cleaning, Waste Management	3,250
Concrete	15,000
Masonry	16,000
Metal Fabrications	8,000
Carpentry	97,000
Thermal, Moisture & Fire Protection	19,000
Doors, Frames, Hardware, Glass & Glazing	76,000
Walls, Ceilings, Floors, Painting	179,000
Specialities	14,000
Casework, FI Mats & Window Treatments	6,500
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	354,000
Wiring, Fire Alarm System, Lighting	213,500
Miscellaneous Construction Costs	54,000
Total	1,109,250

Contingencies

Contingencies **\$110,500**

Architectural/Engineering

Architecture/Engineering Fees **\$115,800**

Movable or Other Equipment

Dialysis Chairs	18,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	19,000
Office Equipment & Other Furniture	27,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	12,000
Other miscellaneous	3,000
Total	286,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (8,500 GSF)	\$2,566,915
FMV Leased Dialysis Machines	174,525
FMV Leased Computers	6,000
Total	\$2,747,440

Project obligation will occur after permit issuance.

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
REVIEWABLE							
In-Center Hemodialysis	4,368,990	8,500			8,500		
Total Clinical	4,368,990	8,500			8,500		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	4,368,990	8,500			8,500		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Certification & Authorization

Fresenius Medical Care Sandwich, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Sandwich, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: *Adam Thelma*
ITS: *Regional VP*

By: *M. J. [Signature]*
ITS: *JV Partner*

Notarization:

Subscribed and sworn to before me
this *21st* day of *December* 2010

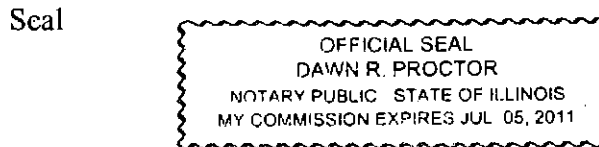
Michelle M. Hogan
Signature of Notary



Notarization:

Subscribed and sworn to before me
this *20th* day of *December* 2010

Dawn R. Proctor
Signature of Notary



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
Marc Lieberman
ITS: Asst. Treasurer

By: [Signature]
Mark Fawcett
Vice President & Asst. Treasurer
ITS: _____

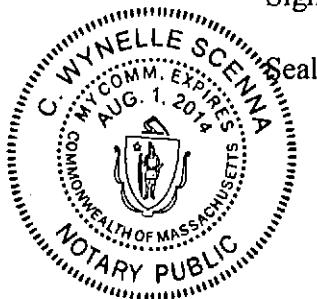
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2010

Notarization:
Subscribed and sworn to before me
this 10 day of Dec, 2010

Signature of Notary

C Wynelle Scenna
Signature of Notary

Seal



Fresenius Medical Care Holdings, Inc. Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign (managed)	14-2588	1405 W. Park Street	Champaign	61801
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861-73 W. Cal Sag Road	Crestwood	60445
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	#4 West Main Street	DuQuoin	62832
East Belmont	14-2531	1331 W. Belmont	Chicago	60613
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin		2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lockport		Thornton Avenue	Lockport	60441
Lombard		1940 Springer Drive	Lombard	60148
Lutheran General	14-2559	8565 West Dempster	Niles	60714
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein		1400 Townline Road	Mundelein	60060
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	805 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Court	Ottawa	61350
Palatine		Dundee Road	Palatine	60074

Facility List

ATTACHMENT - 11

Pekin	14-2571	600 S. 13th Street	Pekin	61554
Peoria Downtown	14-2574	410 R.B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2300 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
River Forest		103 Forest Avenue	River Forest	60305
Rockford	14-2615	1302 E. State Street	Rockford	61104
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering		10559 S. Torrence Avenue	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
South Side	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	Illinois Rts 3&143, #7 Eastgate Plz.	East Alton	62024
Spoon River	14-2565	210 W. Walnut Street	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger		219 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Villa Park	14-2612	200 E. North Ave.	Villa Park	60181
Waukegan Harbor		101 North West Street	Waukegan	60085
West Batavia		Branson Drive	Batavia	60510
West Belmont	14-2523	4848 W. Belmont	Chicago	60641
West Chicago	14-2702	1855-1863 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., Ste. 5000	Oak Park	60302
West Willow		14404W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, STE 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, STE 408	Willowbrook	60527

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to keep dialysis services accessible in Kane County, more specifically the Aurora market. This market has experienced high historical utilization despite additional stations being established. The Aurora ESRD market is highly Hispanic and African American. 59% of the current Aurora Dialysis Center's patients are from these combined ethnic backgrounds which have a higher propensity for diabetes and hypertension, the leading causes of kidney failure.
2. The market area that Fresenius Medical Care East Aurora will serve is the mainly the city of Aurora with the combined zip codes of 60505 and 60506.
3. This facility is needed to accommodate the pre-ESRD patients that Dr. Dodhia has identified from this area who will require dialysis services in the next 1-3 years. Dr. Dodhia and his partner, Dr. Fakhruddin refer patients to Fresenius Aurora, Oswego, Sandwich and to Fox Valley Dialysis, which is also in Aurora. The two Aurora facilities have been operating above target utilization for many years. Fresenius Aurora has recently expanded twice (for a total of 10 stations) and yet remains at 83% utilization. Fox Valley Dialysis is at 85% utilization with 26 stations.
4. Utilization of area facilities is obtained from the Renal Network for the 3rd Quarter 2010 for non-Fresenius facilities. For purposes of this application, the utilization for Fresenius facilities was obtained internally. Pre-ESRD patients for the market area were obtained from Dr. Dodhia. Population and demographics data was obtained from the U. S. Census Bureau.
5. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population as we continue to monitor the growth and provide responsible healthcare planning for this area. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.
6. It is expected that this facility would have and maintain the same quality outcomes as Fresenius Medical Care facilities in Illinois as listed below.
 - 90.55% of patients had a URR \geq 65%
 - 92.66% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. This was the alternative of doing nothing. Dr. Dodhia's practice has seen continued growth of ESRD and pre-ESRD in Aurora. The Aurora facility, at 83% utilization as of December 2010, has expanded twice in the last year and has no more room for expansion. The only other facility serving Aurora, Fox Valley, also is operating above target at 85% as of September 2010. The high utilizations, growth, number of pre-ESRD patients in the Aurora market area as well as the ratio of population to stations (1/5,809 with 2000 census data and 1/7,086 with 2009 projections) warrants a responsibility to plan for this patient growth to keep access to dialysis treatment available. There is no monetary cost associated with this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

The typical Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion, such is the case in this proposed facility. Fresenius Medical Care Ventures, LLC is in partnership with SS Renal, LLC. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it jointly owns. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. The total cost of the project is \$4,368,990, and Fresenius Medical Care Ventures, LLC will be responsible for \$2,621,394 of this amount and SS Renal, LLC will be responsible for the remainder of \$1,747,596.

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

The option of sending Dr. Dodhia's pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment is an option that has already been acted upon. Dr. Dodhia and his partner, Dr. Fakhruddin refer patients to Fresenius Aurora, Fresenius Oswego, Fresenius Sandwich and to Fox Valley Dialysis. (The Fresenius West Batavia facility is not yet in operation. Dr. Dodhia identified 83 pre-ESRD patients who live in the Batavia/North Aurora area he will refer to that facility to bring it to 80% utilization. No patients in the immediate Aurora zip codes were identified to be referred to this facility. It is right at 30 minutes away from the East Aurora site and not a viable option for the patient population living in downtown Aurora.)

Other Facilities Within 30 Minutes

Fox Valley, in Aurora, is operating at 85% utilization (according to 3rd Qtr data*).

Fresenius Naperville is at 92% as of December 2010. 7 more patients would bring this facility to capacity.

Fresenius Naperville North just certified two more stations (total now 14) as of December 2010 and is at 81% utilization.

Fresenius Oswego is at 79% as of December 2010. This facility reserves an isolation station for Hepatitis B positive patients and therefore that station is generally not fully utilized. If this station were not part of the station count at Oswego, it would be above the State Board target utilization.

Fresenius DuPage West is at 78% as of December. 2 patients would bring this facility to 80%.

Fresenius West Batavia is not yet operating. This facility is not expected to be fully operational for another year. The patient population this facility serves is coming from North Aurora and Batavia, north of the proposed East Aurora site. Dr. Dodhia identified 83 pre-ESRD patients who would be referred to that facility, none of which reside in immediate Aurora where the East Aurora identified patients reside. This facility is right at 30 minutes away from East Aurora and would create transportation hardships if these patients were referred there.

*Current (December) data was not available for Fox Valley Dialysis, 3rd Qtr Renal Network Data was utilized.

- D. As discussed further in this application, the most desirable alternative to keep access to dialysis services available by planning for documented growth in the Aurora market is to establish Fresenius Medical Care East Aurora as a Joint Venture, while still referring patients to the other providers in the area for services as needed per the patient/physician decision. The cost of this project is \$4,368,990.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Gradual loss of access as facilities remain highly utilized in Aurora fill up with identified pre-ESRD patients of Dr. Dodhia and unidentified pre-ESRD of other area nephrologists.	Patient clinical quality would remain above standards in the Fresenius Medical Care facilities.	Patient's transportation costs may rise if it becomes necessary to travel outside of market for care.
Pursue Joint Venture	\$2,621,394	Cost to Fresenius Medical Care	Patient clinical quality would remain above standards	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations and does not require additional funding, however this project is going to be a Joint Venture lowering the cost to Fresenius. Fresenius Medical Care will maintain control of the facility and therefore final financial responsibility.
	\$1,747,956	Cost to SS Renal, LLC		
Utilize Area Providers	\$0	<p>Dr. Dodhia and Dr. Fakhruddin currently admit Fresenius Aurora, Oswego, Sandwich and to Fox Valley Dialysis.</p> <p>If patients sent out of market area for treatment it would create transportation problems as patients would not have access to shifts with available county/township transportation.</p> <p>Loss of access to treatment schedule times</p> <p>Would create ripple effect of raising utilization of area providers to or above capacity</p>	If patients have to be sent out of market area for treatment the result would be loss of continuity of care which could lead to lower patient outcomes and patient quality of life as travel times/expenses increase.	<p>No financial cost to Fresenius Medical Care</p> <p>Cost of patient's transportation would increase with higher travel times</p>
Establish Fresenius Medical Care East Aurora	\$4,368,990	<p>Continued access to dialysis treatment as patient numbers continue to grow.</p> <p>Improved access to favored treatment schedule times.</p>	<p>Patient clinical quality would remain above standards</p> <p>Patient satisfaction would improve with facilities closer to patient's home resulting in decreased travel times.</p>	This is an expense to Fresenius Medical Care only who is able to support the development of additional dialysis facilities and is capable of meeting all financial obligations.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that the East Aurora facility would maintain the same quality outcomes as the other Fresenius facilities in Illinois as listed below:

- 90.55% of patients had a URR \geq 65%
- 92.66% of patients had a KtV \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	8,500 (12 Stations)	360-520 DGSF	11 DGSF Over	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 8,500 DGSF amounts to 531 DGSF per station and falls just 11DGSF over the State standard per station. A suitable site for the exact square footage standard was not available.

Criterion 1110.234, Project Services Utilization

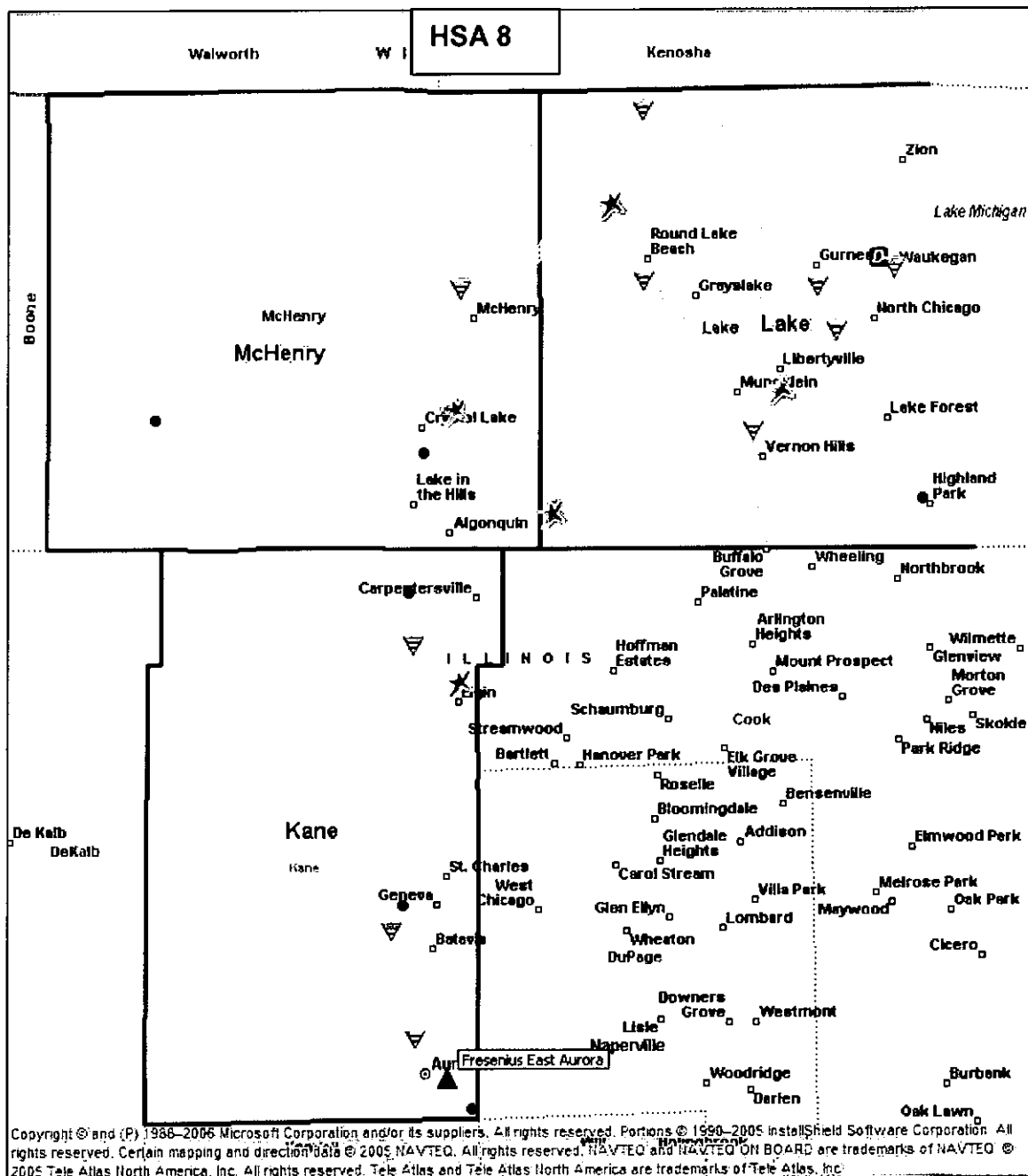
UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A New Facility		80%	N/A
YEAR 1	IN-CENTER HEMODIALYSIS		46%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		85%	80%	Yes

Dr. Dodhia has identified 71 pre-ESRD patients he expects to refer to the East Aurora facility and another 4 who will transfer from Fresenius Aurora Dialysis Center. He expects that approximately 20% of the pre-ESRD patients will no longer require dialysis therapy once the facility is operating. That would leave a total of 4 transfers and 57 pre-ESRD referrals for a total of 61 patients.

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care East Aurora dialysis facility is located in Aurora, the second largest city in Illinois, in HSA 8. This HSA is comprised of Kane, McHenry and Lake counties. According to the December 2010 station inventory there are 47 excess stations in this HSA. Aurora is located on the far south end of the HSA bordering Kendall County, HSA 9 and DuPage County, HSA 7.

While this project is requesting more stations than is determined needed in HSA 8, Aurora is a heavily populated area that has seen significant growth. It also has a high concentration of Hispanic and African Americans who are twice as likely to require dialysis due to diabetes and hypertension. The Aurora dialysis facilities have long operated at high utilizations. Fresenius Aurora remains above target utilization even after the addition of ten stations in the last year.



Planning Area Need – Service To Planning Area Residents:

2. Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Aurora in HSA 8. 97% of the patients reside in HSA 8 and 3% reside in HSA 9.

County	HSA	# Pre-ESRD & Transfer Patients Who Will Be Referred to Fresenius Medical Care East Aurora
Kane	8	73 - 97%
Kendall	9	2 - 3%

December 20, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist practicing in the far west suburbs in the Aurora area along with my partner Dr. Fakhruddin. I am the Medical Director of the Fresenius Aurora Dialysis Center and the Fresenius Oswego Dialysis Center. My partner Dr. Fakhruddin is the Medical Director of the Fresenius Sandwich dialysis facility. I am writing in support of the Fresenius Medical Care East Aurora dialysis facility. I have seen significant and continual growth of the ESRD population in Aurora since 1992 that I have been practicing nephrology here. The Fresenius Aurora facility, despite expanding remains highly utilized.

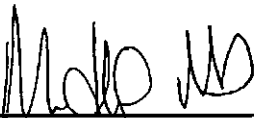
Aurora has a significant Hispanic and African American population. This is reflected in the demographic makeup of the patients at the current Aurora facility. 33% of the hemodialysis patients there are Hispanic and 26% are African American. A total of 82% of this patient population resides in the zip code/neighborhood where the proposed East Aurora facility will be located. I feel it is necessary to provide for this growing population that experiences a risk of diabetes and hypertension (the two main causes of kidney failure) that is twice as high as the general population. Establishing the facility near where these patients live will improve their access to dialysis services. It is not in the patient's best interest to have to travel long distances for dialysis treatment. This facility will also help to alleviate the constant growth and high utilization at the current Aurora facility.

My practice was treating 121 hemodialysis patients at the end of 2007, 133 patients at the end of 2008 and 135 patients at the end of 2009, as reported to The Renal Network. The practice patient census for the most recent quarter was 149. Over the past twelve months, we have referred 84 patients for dialysis services to Fresenius Aurora, Fresenius Oswego, Fresenius Sandwich and to Fox Valley Dialysis. I have 71 pre-ESRD patients in my practice I expect to refer to the East Aurora facility and another 4 patients I expect to transfer from the current Aurora facility. (See attached patient list) This does not include those patients that present in the emergency department in renal failure who have had no prior kidney disease treatment.

I respectfully ask the Board to approve the East Aurora dialysis facility to provide for the continued growth of ESRD patients in Aurora. Thank you for your consideration.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.


Sincerely,



Navinchandra Dodhia, M.D.

Notarization:

Subscribed and sworn to before me
this 29th day of December, 2010



Signature of Notary

Seal



NEW REFERRALS OF DR. DODHIA'S PRACTICE FOR TIME PERIOD
10/01/09 THROUGH 09/30/2010

Fresenius Aurora		Fresenius Oswego		Fresenius Sandwich		Fox Valley Dialysis	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60181	1	60431	2	60115	1	60504	1
60185	1	60446	1	60520	1	60544	1
60504	2	60505	3	60538	1	Total	2
60505	16	60506	1	60545	2		
60506	17	60538	1	60548	2		
60510	1	60543	2	60551	1		
60515	1	60545	1	60560	2		
60520	1	60552	1	Total	10		
60542	11	60560	5				
60554	1	60565	1				
60560	1	Total	18				
60563	1						
Total	54			Total	84		

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2007

FRESENIUS AURORA		FRESENIUS OSWEGO		FOX VALLEY	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60506	31	60560	5	60543	3
60505	27	60543	5	60548	2
60542	6	60548	4	60505	1
60504	3	60538	4	60560	2
60538	3	60545	3	60504	3
60510	2	60506	3	60554	1
60543	2	60505	1	60506	1
60554	2		<u>25</u>		<u>13</u>
60042	1				
60106	1				
60123	1				
60174	1				
60177	1				
60178	1				
60560	1				
	<u>83</u>				

Total 2007 - 121

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2008

FRESENIUS AURORA		FRESENIUS OSWEGO		FOX VALLEY	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60506	30	60560	9	60543	3
60505	25	60543	8	60548	1
60542	6	60548	5	60560	2
60510	3	60538	4	60504	4
60554	3	60505	3	60506	1
60174	2	60506	3	60505	1
60543	2	60504	2		<u>12</u>
60042	1	60542	2		
60119	1	60545	2		
60120	1	60503	1		
60177	1	60512	1		
60504	1	60586	1		
60538	1	60644	1		
60540	1		<u>42</u>		
60605	1				
	<u>79</u>				

Total 2008 - 133

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2009

FRESENIUS AURORA	
ZIP CODE	# OF PTS
60120	1
60174	1
60177	1
60503	1
60504	3
60505	29
60506	22
60538	3
60542	8
60554	3
TOTAL	72

FRESENIUS OSWEGO	
ZIP CODE	# OF PT'S
60505	1
60543	1
60560	1
TOTAL	3

FRESENIUS SANDWICH	
ZIP CODE	# OF PTS
60541	1
60548	2
60551	1
60545	1
61378	1
TOTAL	6

FOX VALLEY DIALYSIS	
ZIP CODE	# OF PTS
60504	3
60505	1
60543	3
60560	1
Total	8

Dr. Fakhruddin

FRESENIUS OSWEGO	
ZIP CODE	# OF PT'S
60446	1
60447	1
60504	1
60505	5
60506	5
60538	6
60542	1
60543	5
60545	2
60548	1
60560	10
60644	1
TOTAL	39

FRESENIUS SANDWICH	
ZIP CODE	# OF PTS
60548	3
60545	1
60552	1
62701	1
TOTAL	6

FOX VALLEY DIALYSIS	
ZIP CODE	# OF PTS
60506	1

TOTAL 2009	135
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PATIENTS OF DR. DODHIA'S PRACTICE 3rd QUARTER 2010

Fresenius Aurora		Fresenius Oswego		Fresenius Sandwich		Fox Valley Dialysis	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60119	2	60134	1	60115	1	60543	2
60123	2	60431	1	60506	1	60560	1
60137	11	60446	1	60520	1	60504	5
60174	1	60503	1	60538	1	60505	1
60177	1	60505	7	60545	4	Total	9
60185	27	60506	3	60548	7		
60503	1	60538	7	60551	2		
60504	2	60543	7	60560	2		
60505	1	60545	2	61378	1		
60506	1	60552	1	Total	20		
60510	1	60560	1				
60520	1	60565	1				
60538	3	60644	1				
60542	29	Total	34				
60554	1						
60560	1						
60563	1						
Total	86			Total	149		

PRE-ESRD PATIENTS DR. DODHIA EXPECTS TO REFER TO FRESENIUS MEDICAL CARE EAST AURORA IN THE FIRST TWO YEARS OF OPERATION

Pre-ESRD

Zip Code	Patients
60502	4
60503	2
60504	4
60505	26
60506	33
60507	2
Total	71

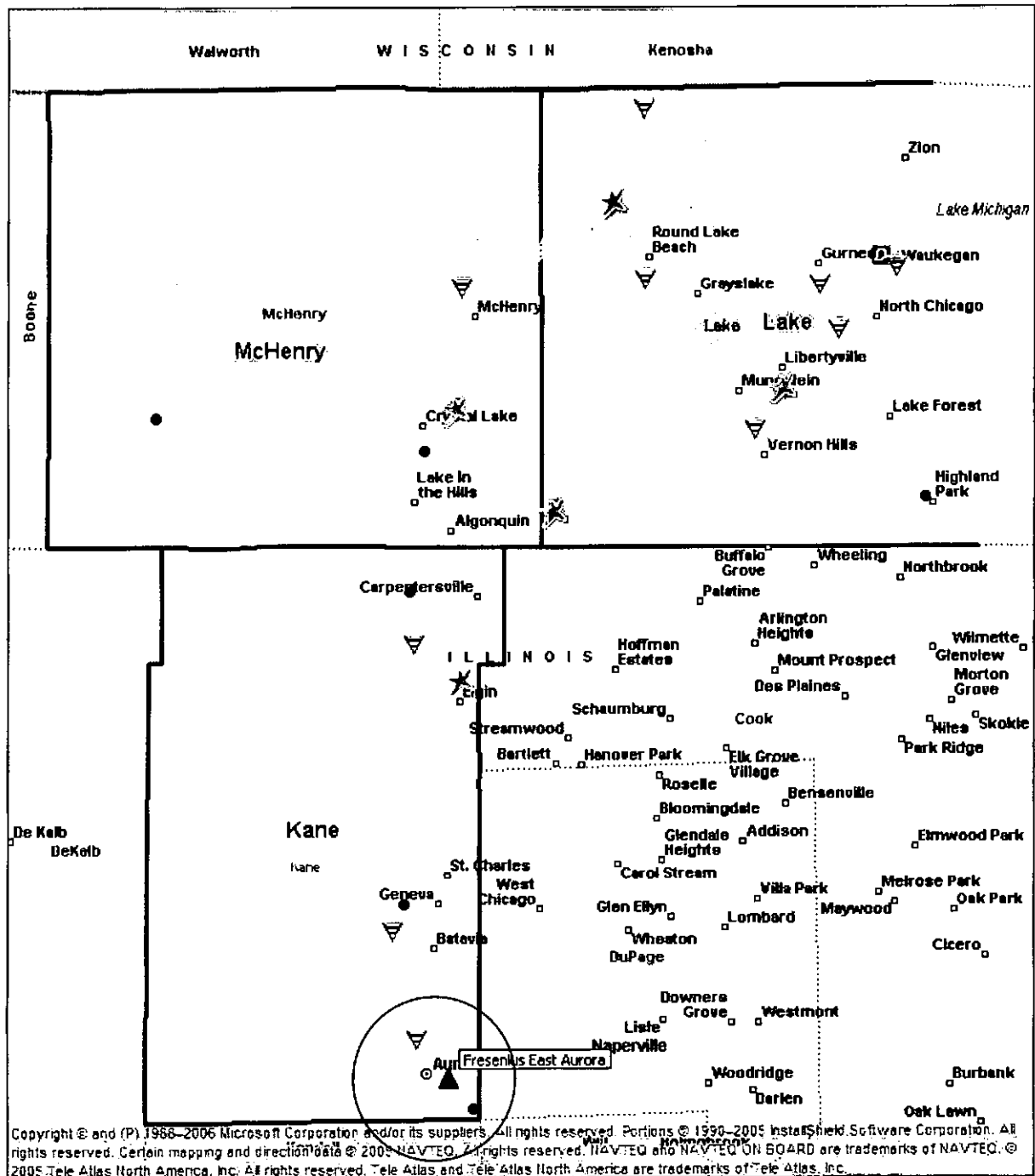
Transfers

Zip Code	Patients
60505	4

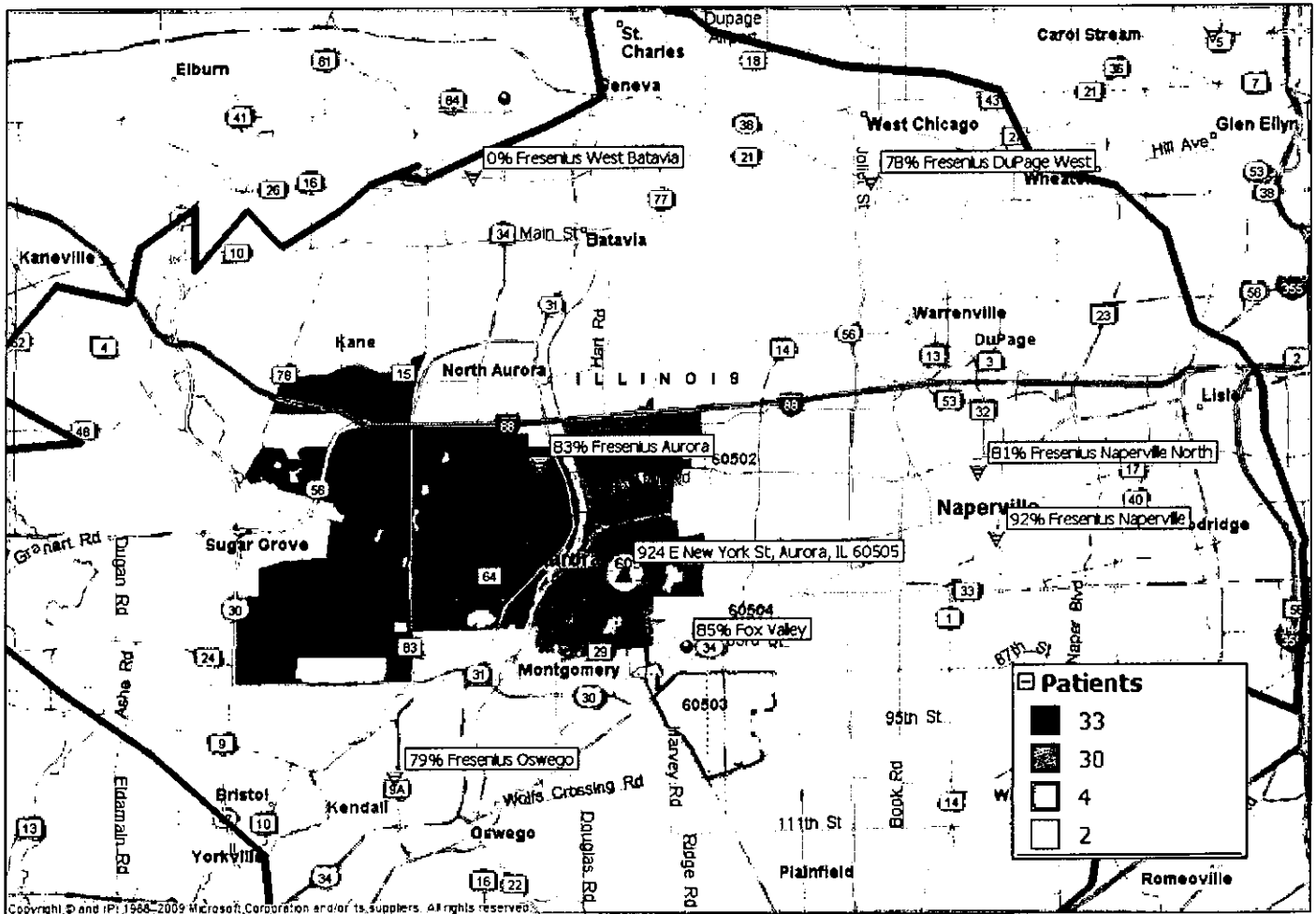
Service Accessibility – Service Restrictions

Fresenius Medical Care East Aurora is located in HSA 8 which consists of Kane, McHenry and Lake Counties. This facility is being established specifically to serve the city of Aurora. While dialysis services exist in the area, many are experiencing high utilizations, rapid growth and restrictions as they pertain to facility choice and shift choice.

HSA 8



DEMOGRAPHICS OF THE PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE EAST AURORA



*Utilization for Fox Valley Dialysis was obtained from the 3rd Quarter Renal Network Data and utilization for the remaining facilities was obtained from the Fresenius Medical Care Proton patient tracking system in order to provide more current utilizations and pending 4th Qtr data.

Access restrictions exist specifically in regards to the city of Aurora. Aurora is the second largest city in Illinois. It has a large Hispanic (39%) and African American (11.2%) population. This patient population's risk of diabetes and hypertension (the two leading causes of kidney failure) is twice as high as the general population. This is evident in the constant high utilization of the two Aurora facilities, Fresenius Aurora, which just added ten stations and remains above 80% and Fox Valley Dialysis at 85%.

At the Fresenius Aurora facility the patient population is 59% Hispanic and African American and 82% of these patients reside in the zip code in the immediate area of the proposed East Aurora facility. The Aurora facilities Medicaid population is near 10%. This disadvantaged patient population would find undue hardship if forced to travel outside of Aurora for treatment. With the current facilities above 80% and continually growing, there are fewer treatment schedule times available. Generally the last treatment shift of the day is where new patients would be placed while waiting for more preferred times. This shift completes treatment in the evening after county/township transportation services have closed for the day reducing transportation options.

If one looks out further from Aurora, the facilities are operating at high utilizations as well making these facilities, even if accessible, not reasonable options due to the fact that the same high utilization rates/shift choices would be experienced.

OVERVIEW OF AREA FACILITIES

Fox Valley Dialysis – Dr. Dodhia currently sees patients here. The facility is at 85%.

Fresenius Aurora – Dr. Dodhia is the Medical Director of this facility. It has for many years experienced high utilizations to above capacity and has operated a 4th shift at several different times. In the last year the facility has expanded by 10 stations and is still above target utilization at 83%. Given this growth, additional access is needed in Aurora.

Fresenius Naperville North – This facility was established to alleviate the overcrowded Naperville facility and was recently expanded by two stations and has still gone above target utilization to 81%.

Fresenius Naperville – Utilization is 92% despite Naperville North being established for an additional access to treatment.

Fresenius Oswego – This facility opened in 2007 and reached 80% utilization before being operational two years. It is now at 79%. This facility is 10 miles away and not a reasonable option for the patient population identified for East Aurora.

Fresenius DuPage West – This facility remained just above to just below 80% consistently for many years. This facility is 12 miles away from Aurora and just under 30 minutes also making it inconvenient to access for this patient population.

Fresenius West Batavia – While this is the only facility within 30 minutes travel time that has available capacity, it will not be open for another year. This facilities location holds transportation barriers for the patients identified for East Aurora. It is 11 miles away and right at 30 minutes. The indigent population that the East Aurora facility will serve should not be expected to travel such distances outside of their healthcare market for services. Dr. Dodhia is the Medical Director of this facility and identified 83 pre-ESRD patients in his practice that he would refer to the West Batavia facility within 2 years after beginning operation. These patients are separate from the ones identified for the East Aurora facility and reside mainly in North Aurora and Batavia. There were no patients from the Aurora zip codes identified who would utilize that facility.

In sum, it is clear that due to the above mentioned patient characteristics, clinic utilizations, growth of ESRD, and distance to other facilities that additional access is warranted in Aurora.

MEMORANDUM TO: Lori Wright
Fresenius Medical Care

FROM: Stephen Corcoran, P.E., PTOE

DATE: December 17, 2010

SUBJECT: Travel Time Surveys
Proposed Fresenius Medical Facility
Aurora, Illinois

This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 924 E. New York Street in Aurora, Illinois. The purpose of the study was to determine the average travel times between existing or planned medical facilities and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys originated from and returned E. New York Street in Aurora, Illinois after reaching the following medical facilities:

- 1051 Station Drive; Oswego, Illinois (existing Fresenius Medical Care)
- 450 E. Roosevelt Road; West Chicago, Illinois (existing Fresenius Medical Care)
- 306 Randall Road; Geneva, Illinois (existing Tri Cities Dialysis)
- 2580 W. Fabyan Parkway; Batavia, Illinois (future Fresenius Medical Care)
- 1400 Beecher Road; Yorkville, Illinois (existing Yorkville Dialysis)
- 1859 N. Neltner Boulevard; West Chicago, Illinois (existing Fresenius Medical Care)

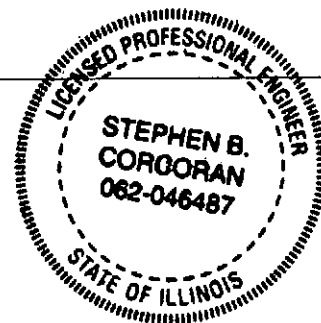
The surveys were conducted between the hours of 6:30 AM and 6:30 PM. The results of the surveys are summarized in **Tables 1A, 1B, and 2.**

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois, License No. 062.046487, Expiration Date: November 30, 2011.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2011.


Stephen B. Corcoran, P.E., PTOE



Stephen B. Corcoran, P.E., PTOE
326 N. Clark Drive, Palatine, Illinois 60074
(847) 287-1643
corcoran.s@comcast.net

Table 1A
Travel Survey Results To Other Facilities
From 924 E. New York Street; Aurora, Illinois

Direction	Date	Day	Time		Time (minutes)
			Start	End	
1051 Station Drive; Oswego					
To Oswego	12/14/2010	Tuesday	12:37 PM	12:58 PM	21
To Aurora	12/14/2010	Tuesday	1:00 PM	1:22 PM	22
To Oswego	12/15/2010	Wednesday	12:00 PM	12:21 PM	21
To Aurora	12/15/2010	Wednesday	12:22 PM	12:41 PM	19
To Oswego	12/15/2010	Wednesday	5:00PM	5:27 PM	27
To Aurora	12/15/2010	Wednesday	5:31 PM	5:58 PM	27
Average Travel Time To/From Oswego					22.8 min.
450 E. Roosevelt Road; West Chicago					
To West Chicago	12/14/2010	Tuesday	1:53 PM	2:19 PM	26
To Aurora	12/14/2010	Tuesday	12:07 PM	12:36 PM	29
To West Chicago	12/14/2010	Tuesday	5:29 PM	5:52 PM	23
To Aurora	12/14/2010	Tuesday	5:01 PM	5:28 PM	27
To West Chicago	12/14/2010	Tuesday	1:23 PM	1:52 PM	29
To Aurora	12/14/2010	Tuesday	1:53 PM	2:19 PM	26
Average Travel Time To/From West Chicago (Roosevelt)					26.7 min
306 Randall Road; Geneva					
To Geneva	12/15/2010	Wednesday	12:42 PM	1:13 PM	31
To Aurora	12/15/2010	Wednesday	1:22 PM	1:52 PM	30
To Geneva	12/15/2010	Wednesday	1:55 PM	2:29 PM	34
To Aurora	12/15/2010	Wednesday	2:30 PM	3:00 PM	30
To Geneva	12/16/2010	Thursday	5:36 PM	6:06 PM	30
To Aurora	12/16/2010	Thursday	5:01 PM	5:35 PM	34
Average Travel Time To/From Geneva					31.5 min.

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Table 1B
Travel Survey Results To Other Facilities
From 924 E. New York Avenue; Aurora, Illinois

Direction	Date	Day	Time		Time (minutes)
			Start	End	
2580 W. Fabyan Parkway; Batavia					
To Batavia	12/16/2010	Thursday	12:55 PM	1:22 PM	27
To Aurora	12/16/2010	Thursday	1:24 PM	1:53 PM	29
To Batavia	12/16/2010	Thursday	1:54 PM	2:21 PM	27
To Aurora	12/16/2010	Thursday	2:23 PM	2:51 PM	28
To Batavia	12/16/2010	Thursday	5:00 PM	5:32 PM	32
To Aurora	12/16/2010	Thursday	5:34 PM	6:06 PM	32
Average Travel Time To/From Batavia					29.2 min.
1400 Beecher Road; Yorkville					
To Yorkville	12/14/2010	Tuesday	12:52 PM	1:23 PM	31
To Aurora	12/14/2010	Tuesday	1:28 PM	1:59 PM	31
To Yorkville	12/14/2010	Tuesday	2:01 PM	2:33 PM	32
To Aurora	12/14/2010	Tuesday	2:35 PM	3:05 PM	30
To Yorkville	12/14/2010	Tuesday	5:00 PM	5:33 PM	33
To Aurora	12/14/2010	Tuesday	5:34 PM	6:05 PM	31
Average Travel Time To/From Yorkville					31.3 min
1859 Neltnor Boulevard; West Chicago					
To West Chicago	12/15/2010	Wednesday	12:00 PM	12:33 PM	33
To Aurora	12/15/2010	Wednesday	12:35 PM	1:09 PM	34
To West Chicago	12/15/2010	Wednesday	1:10 PM	1:42 PM	32
To Aurora	12/15/2010	Wednesday	1:44 PM	2:15 PM	31
To West Chicago	12/15/2010	Wednesday	5:00PM	5:35 PM	35
To Aurora	12/15/2010	Wednesday	5:36 PM	6:12 PM	36
Average Travel Time To/From West Chicago (Neltnor)					33.5 min.

Table 2
Average Travel Times
All Locations

Location	Average Travel Time
Oswego	22.8 minutes
West Chicago (Roosevelt)	26.7
Geneva	31.5
Batavia	29.2
Yorkville	31.3
West Chicago (Neltnor)	33.5
All Locations	29.2 minutes

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Unnecessary Duplication/Maldistribution

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius East Aurora is 1 station per 5,809 residents according to the 2000 census. This is higher than the State ratio of 1 station per 3,573 residents.

This ratio shows need, even though it is based on ten year old census data. There are no projections for these specific zip codes. However, Kane County has seen a 22% population growth and the city of Aurora has seen a 21% population growth in this time. Neighboring towns have seen 10% (Naperville) and 14% (Batavia) growth. If the Kane County growth were applied to the 30 minute travel zone the ratio of stations to population would be 1 station per 7,086 residents. Nearly double the State ratio.

Zip Code	2000 Census Population	2009 Growth Projection	10-Dec Stations	Facility
60119	7,705	9,400		
60174	21,513	26,246		
60175	17,953	21,903		
60185	32,936	40,182	16	Fresenius DuPage West
60187	61,481	75,007		
60190	12,065	14,719		
60440	46,546	56,786		
60490	9,263	11,301		
60504	44,412	54,183	26	Fox Valley Dialysis
60505	56,971	69,505		
60506	51,184	62,444	24	Fresenius Aurora
60510	1,565	1,909	12	Fresenius West Batavia
60511	1,862	2,272		
60512	892	1,088		
60517	31,344	38,240		
60532	27,341	33,356		
60538	13,702	16,716		
60540	42,065	51,319	15	Fresenius Naperville
60542	11,007	13,429		
60543	18,769	22,898	11	Fresenius Oswego
60544	44,284	54,026		
60545	7,638	9,318		
60554	4,812	5,871		
60555	13,852	16,899		
60563	31,405	38,314	14	Fresenius Naperville North
60564	32,206	39,291		
60565	40,640	49,581		
Total	685,413	836,204	118	

Ratio based on 2000 Census
1/5,809

Ratio based on 2009 projections 1/7,086

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, the majority are. Those that fall below are at 78% & 79%. Fresenius West Batavia will not be operating for another year. This facility is right at 30 minutes away, has an identified separate patient base and is not a feasible option for the patient population residing in downtown Aurora.

Fresenius Medical Care East Aurora will not create a maldistribution of services. While there is no determined need for stations in this HSA the ratio of stations to population exhibits that a maldistribution of stations exists within the 30-minute travel zone of Fresenius East Aurora and additional stations are needed.

Facilities Within 30 Minutes of Fresenius Medical Care East Aurora

Name	Address	City	ZIP Code	MapQuest Miles	MapQuest Time	MapQuest Adjusted Time	Travel Study Time	Stations	Utl 09/30	Fresenius 12/10 Utl
Fox Valley Dialysis	1300 Waterford Dr	Aurora	60504	2.78	6	7	N/A	26	85%	N/A
Fresenius Aurora	455 Mercy Ln	Aurora	60506	3.51	10	12	N/A	24	74%	83%
Fresenius Naperville North	514 W 5th Ave	Naperville	60563	8.31	16	18	N/A	14	72%	81%
Fresenius Naperville	100 Spaulding Dr	Naperville	60540	7.85	16	18	N/A	15	89%	92%
Fresenius Oswego	1051 Station Dr	Oswego	60543	10.18	16	18	22.8	11	71%	79%
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	12.13	20	23	26.7	16	78%	78%
Fresenius West Batavia	2580 W. Fabyan Pky	Batavia	60185	10.6	22	25	29.2	12	0%	0%

- 3A. Fresenius Medical Care East Aurora will not have an adverse effect on any other area ESRD provider in that all of the patients identified who will be referred to the East Aurora facility are pre-ESRD patients currently seeing Dr. Dodhia and his partner Dr. Fakhruddin and the 4 transfer patients are Dr. Dodhia's currently dialyzing at the Fresenius Aurora facility. The transfer of these patients will not drop the utilization there below 80%. Dr. Dodhia's practice will continue to refer patients to Fresenius Aurora, Oswego, Sandwich and to Fox Valley Dialysis.
- B. Not applicable – applicant is not a hospital; however the utilization will not be lowered at any other ESRD facility due to the establishment of the East Aurora facility.



U.S. Census Bureau

American FactFinder

FACT SHEET

Aurora city, Illinois

2005-2009 American Community Survey 5-Year Estimates - what's this?

Data Profile Highlights:

Note: The following links are to data from the American Community Survey and the Population Estimates Program.

NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Social Characteristics - show more >>	Estimate	Percent	Margin of Error	
Average household size	3.07	(X)	+/-0.04	map
Average family size	3.68	(X)	+/-0.06	
Population 25 years and over	101,817		+/-1,440	
High school graduate or higher	(X)	77.8	(X)	map
Bachelor's degree or higher	(X)	30.3	(X)	map
Civilian veterans (civilian population 18 years and over)	7,233	6.2	+/-566	map
With a Disability	(X)	(X)	(X)	
Foreign born	41,824	24.2	+/-1,681	map
Male, Now married, except separated (population 15 years and over)	33,243	52.5	+/-915	
Female, Now married, except separated (population 15 years and over)	30,300	49.1	+/-874	
Speak a language other than English at home (population 5 years and over)	64,192	41.3	+/-2,068	map
Household population	170,752		+/-1,128	
Group quarters population	(X)	(X)	(X)	
Economic Characteristics - show more >>	Estimate	Percent	Margin of Error	
In labor force (population 16 years and over)	91,381	74.7	+/-1,545	map
Mean travel time to work in minutes (workers 16 years and over)	29.0	(X)	+/-0.7	map
Median household income (in 2009 inflation-adjusted dollars)	59,570	(X)	+/-1,624	map
Median family income (in 2009 inflation-adjusted dollars)	66,014	(X)	+/-2,005	map
Per capita income (in 2009 inflation-adjusted dollars)	25,011	(X)	+/-554	
Families below poverty level	(X)	9.4	+/-1.1	
Individuals below poverty level	(X)	12.1	+/-1.3	map
Housing Characteristics - show more >>	Estimate	Percent	Margin of Error	
Total housing units	59,387		+/-843	
Occupied housing units	55,664	93.7	+/-896	
Owner-occupied housing units	39,537	71.0	+/-847	
Renter-occupied housing units	16,127	29.0	+/-848	
Vacant housing units	3,723	6.3	+/-488	
Owner-occupied homes	39,537		+/-847	map
Median value (dollars)	198,900	(X)	+/-3,224	map
Median of selected monthly owner costs				
With a mortgage (dollars)	1,769	(X)	+/-29	map
Not mortgaged (dollars)	593	(X)	+/-26	
ACS Demographic Estimates - show more >>	Estimate	Percent	Margin of Error	
Total population	172,501		+/-726	
Male	87,725	50.9	+/-1,124	
Female	84,776	49.1	+/-1,074	
Median age (years)	30.8	(X)	+/-0.5	map
Under 5 years	17,118	9.9	+/-808	

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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c

18 years and over	117,616	68.2	+/-1,210	
65 years and over	11,453	6.6	+/-537	
One race	167,470	97.1	+/-1,226	
White	102,879	59.6	+/-2,945	map
Black or African American	19,260	11.2	+/-1,184	map
American Indian and Alaska Native	591	0.3	+/-315	map
Asian	10,288	6.0	+/-909	map
Native Hawaiian and Other Pacific Islander	0	0.0	+/-119	map
Some other race	34,452	20.0	+/-2,694	map
Two or more races	5,031	2.9	+/-905	map
Hispanic or Latino (of any race)	67,345	39.0	+/-1,895	

Source: U.S. Census Bureau, 2005-2009 American Community Survey


Explanation of Symbols:

**** - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

***** - The estimate is controlled. A statistical test for sampling variability is not appropriate.

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FACT SHEET

Aurora city, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	142,990			map	brief
Male	72,020	50.4	49.1%	map	brief
Female	70,970	49.6	50.9%	map	brief
Median age (years)	29.3	(X)	35.3	map	brief
Under 5 years	15,095	10.6	6.8%	map	
18 years and over	97,625	68.3	74.3%		
65 years and over	8,940	6.3	12.4%	map	brief
One race	138,847	97.1	97.6%		
White	97,340	68.1	75.1%	map	brief
Black or African American	15,817	11.1	12.3%	map	brief
American Indian and Alaska Native	511	0.4	0.9%	map	brief
Asian	4,370	3.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	47	0.0	0.1%	map	brief
Some other race	20,762	14.5	5.5%	map	
Two or more races	4,143	2.9	2.4%	map	brief
Hispanic or Latino (of any race)	46,557	32.6	12.5%	map	brief
Household population	141,101	98.7	97.2%	map	brief
Group quarters population	1,889	1.3	2.8%	map	
Average household size	3.04	(X)	2.59	map	brief
Average family size	3.55	(X)	3.14	map	
Total housing units	48,797			map	
Occupied housing units	46,489	95.3	91.0%		brief
Owner-occupied housing units	32,585	70.1	66.2%	map	
Renter-occupied housing units	13,904	29.9	33.8%	map	brief
Vacant housing units	2,308	4.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	83,551				
High school graduate or higher	63,191	75.6	80.4%	map	brief
Bachelor's degree or higher	24,991	29.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	7,704	7.9	12.7%	map	brief
Disability status (population 5 years and over)	21,960	17.2	19.3%	map	brief
Foreign born	30,858	21.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	30,187	58.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	29,193	56.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	44,524	34.7	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	72,773	71.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	28.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	54,861	(X)	41,994	map	
Median family income in 1999 (dollars)	61,113	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,131	(X)	21,587	map	
Families below poverty level	2,137	6.2	9.2%	map	brief
Individuals below poverty level	12,034	8.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.
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Unnecessary Duplication/Maldistribution
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FACT SHEET

Naperville city, Illinois

2005-2009 American Community Survey 5-Year Estimates - what's this?
Data Profile Highlights:

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NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

	Estimate	Percent	Margin of Error	
Social Characteristics - show more >>				
Average household size	2.93	(X)	+/-0.03	map
Average family size	3.43	(X)	+/-0.03	
Population 25 years and over	86,977		+/-1,110	
High school graduate or higher	(X)	96.5	(X)	map
Bachelor's degree or higher	(X)	64.5	(X)	map
Civilian veterans (civilian population 18 years and over)	5,424	5.5	+/-376	map
With a Disability	(X)	(X)	(X)	
Foreign born	21,868	15.4	+/-1,354	map
Male, Now married, except separated (population 15 years and over)	33,680	66.4	+/-656	
Female, Now married, except separated (population 15 years and over)	33,116	59.3	+/-637	
Speak a language other than English at home (population 5 years and over)	27,052	20.4	+/-1,464	map
Household population	138,959		+/-860	
Group quarters population	(X)	(X)	(X)	
Economic Characteristics - show more >>				
In labor force (population 16 years and over)	73,118	70.4	+/-1,168	map
Mean travel time to work in minutes (workers 16 years and over)	33.6	(X)	+/-0.9	map
Median household income (in 2009 inflation-adjusted dollars)	100,503	(X)	+/-2,215	map
Median family income (in 2009 inflation-adjusted dollars)	119,047	(X)	+/-3,514	map
Per capita income (in 2009 inflation-adjusted dollars)	44,034	(X)	+/-1,428	
Families below poverty level	(X)	2.4	+/-0.6	
Individuals below poverty level	(X)	3.3	+/-0.6	map
Housing Characteristics - show more >>				
Total housing units	50,242		+/-775	
Occupied housing units	47,463	94.5	+/-611	
Owner-occupied housing units	37,880	79.8	+/-735	
Renter-occupied housing units	9,583	20.2	+/-495	
Vacant housing units	2,779	5.5	+/-412	
Owner-occupied homes	37,880		+/-735	map
Median value (dollars)	397,000	(X)	+/-4,978	map
Median of selected monthly owner costs				
With a mortgage (dollars)	2,417	(X)	+/-42	map
Not mortgaged (dollars)	792	(X)	+/-27	
ACS Demographic Estimates - show more >>				
Total population	141,644		+/-314	
Male	68,082	48.1	+/-975	
Female	73,562	51.9	+/-921	
Median age (years)	35.9	(X)	+/-0.6	map
Under 5 years	9,248	6.5	+/-610	

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Unnecessary Duplication/Maldistribution
ATTACHMENT - 26c

18 years and over	99,174	70.0	+/-837	
65 years and over	10,940	7.7	+/-640	
One race	139,538	98.5	+/-553	
White	112,466	79.4	+/-1,512	map
Black or African American	5,679	4.0	+/-899	map
American Indian and Alaska Native	303	0.2	+/-155	map
Asian	18,847	13.3	+/-1,126	map
Native Hawaiian and Other Pacific Islander	0	0.0	+/-119	map
Some other race	2,243	1.6	+/-755	map
Two or more races	2,106	1.5	+/-466	map
Hispanic or Latino (of any race)	7,029	5.0	+/-1,032	

Source: U.S. Census Bureau, 2005-2009 American Community Survey


Explanation of Symbols:

**** - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

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FACT SHEET

Naperville city, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	128,358			map	brief
Male	62,831	48.9	49.1%	map	brief
Female	65,527	51.1	50.9%	map	brief
Median age (years)	34.2	(X)	35.3	map	brief
Under 5 years	10,806	8.4	6.8%	map	
18 years and over	87,506	68.2	74.3%		
65 years and over	7,991	6.2	12.4%	map	brief
One race	126,758	98.8	97.6%		
White	109,346	85.2	75.1%	map	brief
Black or African American	3,887	3.0	12.3%	map	brief
American Indian and Alaska Native	154	0.1	0.9%	map	brief
Asian	12,380	9.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	24	0.0	0.1%	map	brief
Some other race	967	0.8	5.5%	map	
Two or more races	1,600	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	4,160	3.2	12.5%	map	brief
Household population	126,372	98.5	97.2%	map	brief
Group quarters population	1,986	1.5	2.8%	map	
Average household size	2.89	(X)	2.59	map	brief
Average family size	3.37	(X)	3.14	map	
Total housing units	45,651			map	
Occupied housing units	43,751	95.8	91.0%		brief
Owner-occupied housing units	34,876	79.7	66.2%	map	
Renter-occupied housing units	8,875	20.3	33.8%	map	brief
Vacant housing units	1,900	4.2	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	78,846				
High school graduate or higher	75,935	96.3	80.4%	map	brief
Bachelor's degree or higher	47,805	60.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	6,868	7.9	12.7%	map	brief
Disability status (population 5 years and over)	9,261	7.9	19.3%	map	brief
Foreign born	14,963	11.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	31,508	70.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	31,652	65.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	17,901	15.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	66,565	73.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	32.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	88,771	(X)	41,994	map	
Median family income in 1999 (dollars)	101,590	(X)	50,046	map	
Per capita income in 1999 (dollars)	35,551	(X)	21,587	map	
Families below poverty level	543	1.6	9.2%	map	brief
Individuals below poverty level	2,809	2.2	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.
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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c

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FACT SHEET

Batavia city, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	23,866			map	brief
Male	11,617	48.7	49.1%	map	brief
Female	12,249	51.3	50.9%	map	brief
Median age (years)	35.9	(X)	35.3	map	brief
Under 5 years	1,835	7.7	6.8%	map	
18 years and over	16,392	68.7	74.3%		
65 years and over	2,366	9.9	12.4%	map	brief
One race	23,534	98.6	97.6%		
White	22,245	93.2	75.1%	map	brief
Black or African American	577	2.4	12.3%	map	brief
American Indian and Alaska Native	26	0.1	0.9%	map	brief
Asian	321	1.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	364	1.5	5.5%	map	
Two or more races	332	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,257	5.3	12.5%	map	brief
Household population	23,317	97.7	97.2%	map	brief
Group quarters population	549	2.3	2.8%	map	
Average household size	2.75	(X)	2.59	map	brief
Average family size	3.27	(X)	3.14	map	
Total housing units	8,806			map	
Occupied housing units	8,494	96.5	91.0%		brief
Owner-occupied housing units	6,605	77.8	66.2%	map	
Renter-occupied housing units	1,889	22.2	33.8%	map	brief
Vacant housing units	312	3.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	14,810				
High school graduate or higher	13,861	93.6	80.4%	map	brief
Bachelor's degree or higher	6,311	42.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,865	11.5	12.7%	map	brief
Disability status (population 5 years and over)	2,163	10.0	19.3%	map	brief
Foreign born	1,242	5.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,613	67.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,646	61.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,797	8.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,438	72.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	26.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	68,656	(X)	41,994	map	
Median family income in 1999 (dollars)	81,689	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,783	(X)	21,587	map	
Families below poverty level	155	2.5	9.2%	map	brief
Individuals below poverty level	836	3.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.
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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c

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18 years and over	18,701	68.9	+/-466	
65 years and over	2,314	8.5	+/-256	
One race	26,910	99.1	+/-259	
White	24,646	90.8	+/-637	map
Black or African American	1,031	3.8	+/-467	map
American Indian and Alaska Native	0	0.0	+/-119	map
Asian	464	1.7	+/-214	map
Native Hawaiian and Other Pacific Islander	0	0.0	+/-119	map
Some other race	769	2.8	+/-381	map
Two or more races	244	0.9	+/-100	map
Hispanic or Latino (of any race)	1,153	4.2	+/-404	

Source: U.S. Census Bureau, 2005-2009 American Community Survey


Explanation of Symbols:

'****' - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

'*****' - The estimate is controlled. A statistical test for sampling variability is not appropriate.

'N' - Data for this geographic area cannot be displayed because the number of sample cases is too small.

'(X)' - The value is not applicable or not available.

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FACT SHEET

Batavia city, Illinois

2005-2009 American Community Survey 5-Year Estimates - what's this?

Data Profile Highlights:

Note: The following links are to data from the American Community Survey and the Population Estimates Program.

NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Social Characteristics - show more >>	Estimate	Percent	Margin of Error	
Average household size	2.81	(X)	+/-0.09	map
Average family size	3.34	(X)	+/-0.10	
Population 25 years and over	16,775		+/-531	
High school graduate or higher	(X)	96.4	(X)	map
Bachelor's degree or higher	(X)	50.5	(X)	map
Civilian veterans (civilian population 18 years and over)	1,454	7.8	+/-217	map
With a Disability	(X)	(X)	(X)	
Foreign born	1,261	4.6	+/-300	map
Male, Now married, except separated (population 15 years and over)	6,159	63.9	+/-284	
Female, Now married, except separated (population 15 years and over)	6,200	58.2	+/-282	
Speak a language other than English at home (population 5 years and over)	1,756	7.0	+/-371	map
Household population	26,868		+/-316	
Group quarters population	(X)	(X)	(X)	
Economic Characteristics - show more >>	Estimate	Percent	Margin of Error	
In labor force (population 16 years and over)	14,625	74.5	+/-497	map
Mean travel time to work in minutes (workers 16 years and over)	28.1	(X)	+/-1.4	map
Median household income (in 2009 inflation-adjusted dollars)	94,061	(X)	+/-3,376	map
Median family income (in 2009 inflation-adjusted dollars)	102,286	(X)	+/-5,372	map
Per capita income (in 2009 inflation-adjusted dollars)	38,209	(X)	+/-2,158	
Families below poverty level	(X)	5.9	+/-2.2	
Individuals below poverty level	(X)	5.9	+/-2.0	map
Housing Characteristics - show more >>	Estimate	Percent	Margin of Error	
Total housing units	10,032		+/-330	
Occupied housing units	9,569	95.4	+/-309	
Owner-occupied housing units	7,597	79.4	+/-288	
Renter-occupied housing units	1,972	20.6	+/-248	
Vacant housing units	463	4.6	+/-215	
Owner-occupied homes	7,597		+/-288	map
Median value (dollars)	315,600	(X)	+/-11,639	map
Median of selected monthly owner costs				
With a mortgage (dollars)	2,266	(X)	+/-68	map
Not mortgaged (dollars)	701	(X)	+/-40	
ACS Demographic Estimates - show more >>	Estimate	Percent	Margin of Error	
Total population	27,154		+/-236	
Male	13,152	48.4	+/-446	
Female	14,002	51.6	+/-448	
Median age (years)	38.2	(X)	+/-1.7	map
Under 5 years	2,088	7.7	+/-358	

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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c



U.S. Census Bureau American FactFinder

FACT SHEET

Kane County, Illinois

2005-2009 American Community Survey 5-Year Estimates - what's this?

Data Profile Highlights:

Note: The following links are to data from the American Community Survey and the Population Estimates Program.

NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Social Characteristics - show more >>	Estimate	Percent	Margin of Error	
Average household size	3.02	(X)	+/-0.01	map
Average family size	3.56	(X)	+/-0.03	
Population 25 years and over	303,216		+/-38	
High school graduate or higher	(X)	83.1	(X)	map
Bachelor's degree or higher	(X)	30.9	(X)	map
Civilian veterans (civilian population 18 years and over)	25,463	7.3	+/-784	map
With a Disability	(X)	(X)	(X)	
Foreign born	85,367	17.3	+/-2,265	map
Male, Now married, except separated (population 15 years and over)	103,860	55.7	+/-1,845	
Female, Now married, except separated (population 15 years and over)	99,436	54.2	+/-1,716	
Speak a language other than English at home (population 5 years and over)	129,392	28.7	+/-2,126	map
Household population	488,410		+/-1,672	
Group quarters population	(X)	(X)	(X)	
Economic Characteristics - show more >>	Estimate	Percent	Margin of Error	
In labor force (population 16 years and over)	259,607	71.7	+/-2,161	map
Mean travel time to work in minutes (workers 16 years and over)	28.7	(X)	+/-0.4	map
Median household income (in 2009 inflation-adjusted dollars)	68,327	(X)	+/-1,025	map
Median family income (in 2009 inflation-adjusted dollars)	77,842	(X)	+/-1,407	map
Per capita income (in 2009 inflation-adjusted dollars)	28,980	(X)	+/-363	
Families below poverty level	(X)	6.7	+/-0.5	
Individuals below poverty level	(X)	8.8	+/-0.6	map
Housing Characteristics - show more >>	Estimate	Percent	Margin of Error	
Total housing units	170,445		+/-556	
Occupied housing units	161,543	94.8	+/-979	
Owner-occupied housing units	125,677	77.8	+/-1,153	
Renter-occupied housing units	35,866	22.2	+/-1,178	
Vacant housing units	8,902	5.2	+/-743	
Owner-occupied homes	125,677		+/-1,153	map
Median value (dollars)	242,300	(X)	+/-2,142	map
Median of selected monthly owner costs				
With a mortgage (dollars)	1,915	(X)	+/-16	map
Not mortgaged (dollars)	661	(X)	+/-9	
ACS Demographic Estimates - show more >>	Estimate	Percent	Margin of Error	
Total population	494,371		*****	
Male	250,304	50.6	+/-33	
Female	244,067	49.4	+/-33	
Median age (years)	33.7	(X)	+/-0.1	map
Under 5 years	43,223	8.7	+/-41	

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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c

18 years and over	346,620	70.1	*****	
65 years and over	42,406	8.6	+/-31	
One race	485,330	98.2	+/-909	
White	379,696	76.8	+/-3,178	map
Black or African American	27,077	5.5	+/-670	map
American Indian and Alaska Native	854	0.2	+/-316	map
Asian	14,701	3.0	+/-337	map
Native Hawaiian and Other Pacific Islander	80	0.0	+/-46	map
Some other race	62,922	12.7	+/-3,282	map
Two or more races	9,041	1.8	+/-909	map
Hispanic or Latino (of any race)	136,844	27.7	*****	

Source: U.S. Census Bureau, 2005-2009 American Community Survey


Explanation of Symbols:

'***' - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

'*****' - The estimate is controlled. A statistical test for sampling variability is not appropriate.

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U.S. Census Bureau American FactFinder

FACT SHEET

Kane County, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	404,119			map	brief
Male	203,245	50.3	49.1%	map	brief
Female	200,874	49.7	50.9%	map	brief
Median age (years)	32.2	(X)	35.3	map	brief
Under 5 years	35,249	8.7	6.8%	map	
18 years and over	281,824	69.7	74.3%		
65 years and over	33,981	8.4	12.4%	map	brief
One race	395,184	97.8	97.6%		
White	320,340	79.3	75.1%	map	brief
Black or African American	23,279	5.8	12.3%	map	brief
American Indian and Alaska Native	1,255	0.3	0.9%	map	brief
Asian	7,296	1.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	144	0.0	0.1%	map	brief
Some other race	42,870	10.6	5.5%	map	
Two or more races	8,935	2.2	2.4%	map	brief
Hispanic or Latino (of any race)	95,924	23.7	12.5%	map	brief
Household population	397,616	98.4	97.2%	map	brief
Group quarters population	6,503	1.6	2.8%	map	
Average household size	2.97	(X)	2.59	map	brief
Average family size	3.43	(X)	3.14	map	
Total housing units	138,998			map	
Occupied housing units	133,901	96.3	91.0%		brief
Owner-occupied housing units	101,739	76.0	66.2%	map	
Renter-occupied housing units	32,162	24.0	33.8%	map	brief
Vacant housing units	5,097	3.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	245,486				
High school graduate or higher	196,798	80.2	80.4%	map	brief
Bachelor's degree or higher	68,050	27.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	27,625	9.8	12.7%	map	brief
Disability status (population 5 years and over)	55,563	15.3	19.3%	map	brief
Foreign born	63,516	15.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	91,280	60.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	88,705	58.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	92,648	25.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	206,024	69.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	27.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,351	(X)	41,994	map	
Median family income in 1999 (dollars)	66,558	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,315	(X)	21,587	map	
Families below poverty level	5,004	4.9	9.2%	map	brief
Individuals below poverty level	26,587	6.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.
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Unnecessary Duplication/Maldistribution

ATTACHMENT - 26c

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Dodhia is currently the Medical Director for Fresenius Medical Care Aurora. Attached is his Curriculum Vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.


Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care East Aurora, I certify the following:

Fresenius Medical Care East Aurora will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the East Aurora facility, just as they currently are able to at all Fresenius Medical Care facilities.



Signature

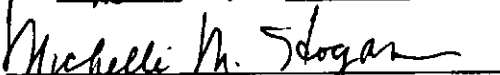
Coleen Muldoon

Printed Name

Regional Vice President

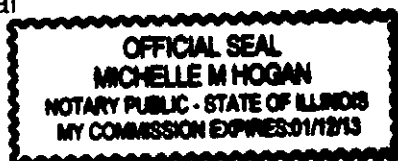
Title

Subscribed and sworn to before me
this 2nd day of AUGUST, 2010



Signature of Notary

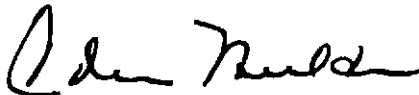
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Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 II. Admin Code 1110.1430, I certify to the following:

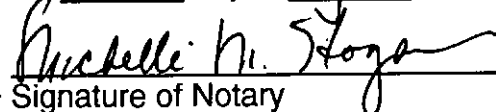
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care East Aurora during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Provena Mercy Medical Center, Aurora:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

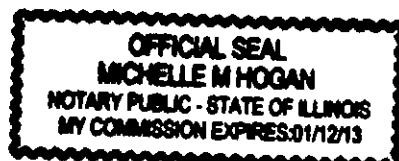
Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 2ND day of August, 2010



Signature of Notary

Seal



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Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care East Aurora is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care East Aurora will have twelve dialysis stations thereby meeting this requirement.

HOSPITAL TRANSFER AGREEMENT

THIS HOSPITAL TRANSFER AGREEMENT ("Agreement") is made this 24 day of August, 2010 (the "Effective Date") by and between **Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care East Aurora**, (the "Transferring Facility"), and **Provena Hospitals, d/b/a Provena Mercy Medical Center**, an Illinois not-for-profit corporation ("Receiving Hospital"). (Transferring Facility and Receiving Hospital may each be referred to herein as a "Party" and collectively as the "Parties").

RECITALS

WHEREAS, Transferring Facility provides health care services to the community; and

WHEREAS, patients of Transferring Facility ("**Patients**") may require transfer to a Hospital for acute-inpatient or other emergency health care services; and

WHEREAS, Receiving Hospital owns and operates a licensed and Medicare certified acute care Hospital in reasonable proximity to Transferring Facility, which has a twenty-four (24) hour emergency room and provides emergency health care services; and

WHEREAS, the Parties desire to enter into this Agreement in order to specify the rights and duties of each of the Parties and to specify the procedure for ensuring the timely transfer of patients to Receiving Hospital.

NOW, THEREFORE, to facilitate the timely transfer of patients to Receiving Hospital, the Parties hereto agree as follows:

ARTICLE I TRANSFER OF PATIENTS

In the event that any Patient needs acute inpatient or emergency care and has either requested to be taken to Receiving Hospital, or is unable to communicate a preference for Hospital services at a different Hospital, and a timely transfer to Receiving Hospital would best serve the immediate medical needs of Patient, a designated staff member of Transferring Facility shall contact the admitting office or emergency department of Receiving Hospital (the "**Emergency Department**") to facilitate admission. Receiving Hospital shall receive Patient in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("**TJC**") and any other applicable accrediting bodies, and reasonable policies and procedures of Receiving Hospital's responsibility for patient care shall begin when Patient arrives upon Receiving Hospital's property.

ARTICLE II
RESPONSIBILITIES OF TRANSFERRING FACILITY

Transferring Facility shall be responsible for performing or ensuring the performance of the following:

- (a) Arranging for ambulance service to Receiving Hospital;
- (b) Designating a person who has authority to represent Transferring Facility and coordinate the transfer of Patient to Receiving Hospital;
- (c) Notifying Receiving Hospital's designated representative prior to transfer to alert him or her of the impending arrival of Patient and provide information on Patient to the extent allowed pursuant to Article IV;
- (d) Notifying Receiving Hospital of the estimated time of arrival of the Patient;
- (e) Recognizing and complying with the requirements of any federal and state law and regulations or local ordinances that apply to the care and transfer of individuals to Receiving Hospitals for emergency care.

ARTICLE III
RESPONSIBILITIES OF RECEIVING HOSPITAL

Receiving Hospital shall be responsible for performing or ensuring performance of the following:

- (a) Designating a person who has authority to represent and coordinate the transfer and receipt of Patients into the Emergency Department; and
- (b) Timely admission of Patient to Receiving Hospital when transfer of Patient is medically appropriate as determined by Receiving Hospital attending physician subject to Hospital capacity and patient census issues; and
- (c) Recognizing and complying with the requirements of any federal and state law and regulations or local ordinances that apply to Patients who present at Emergency Departments.

ARTICLE IV
PATIENT INFORMATION

In order to meet the needs of Patients with respect to timely access to emergency care, Transferring Facility shall provide information on Patients to Receiving Hospital, to the extent approved in advance or authorized by law and to the extent Transferring Facility has such information available. Such information may include: Patient Name, Social Security Number, Date of Birth, insurance coverage and/or Medicare beneficiary information (if applicable), known allergies or medical conditions, treating physician, contact person in case of emergency

and any other relevant information Patient has provided Transferring Facility in advance, to be given in connection with seeking emergency care. Transferring Facility shall maintain the confidentiality of medical/insurance information provided by Patient and received from Patient, in connection with Patient's provision of such information, Patient's authorization to disclose such information to Emergency Department personnel, all in accordance with applicable state and federal rules and regulations governing the confidentiality of patient information.

ARTICLE V
NON EXCLUSIVITY

This Agreement shall in no way give Receiving Hospital an exclusive right of transfer of Patients of Transferring Facility. Transferring Facility may enter into similar agreements with other Receiving Hospitals, and Patients will continue to have complete autonomy with respect to choice of Receiving Hospital service providers, as further described in Article VI.

ARTICLE VI
FREEDOM OF CHOICE

In entering into this Agreement, Transferring Facility in no way is acting to endorse or promote the services of Receiving Hospital. Rather, Transferring Facility intends to coordinate the timely transfer of Patients for emergency care. Patients are in no way restricted in their choice of emergency care providers.

ARTICLE VII
BILLING AND COLLECTIONS

Receiving Hospital shall be responsible for the billing and collection of all charges for professional services rendered at Receiving Hospital. Transferring Facility shall in no way share in the revenue generated by professional services delivered to Patients at Receiving Hospital.

ARTICLE VIII
INDEPENDENT RELATIONSHIP

Section 8.1 In performing services pursuant to this Agreement, Receiving Hospital and all employees, agents or representatives of Receiving Hospital are, at all times, acting and performing as independent contractors and nothing in this Agreement is intended and nothing shall be construed to create an employer/employee, principal/agent, partnership or joint venture relationship. Transferring Facility shall neither have nor exercise any direction or control over the methods, techniques or procedures by which Receiving Hospital or its employees, agents or representatives perform their professional responsibilities and functions. The sole interest of Transferring Facility is to coordinate the timely transfer of Patients to Receiving Hospital for emergency care.

Section 8.2 Receiving Hospital shall be solely responsible for the payment of compensation and benefits to its personnel and for compliance with any and all payments of all taxes, social security, unemployment compensation and worker's compensation.

Section 8.3 Notwithstanding the terms of this Agreement, in no event shall Receiving Hospital or any Receiving Hospital personnel be responsible for the acts or omissions of non-Receiving Hospital personnel.

ARTICLE IX **INSURANCE**

Both Parties shall maintain, at no cost to the other Party Facility, professional liability insurance in an amount customary for its business practices. Receiving Hospital shall provide evidence of the coverage required herein to Transferring Facility on an annual basis.

ARTICLE X **INDEMNIFICATION**

Each Party shall indemnify, defend and hold harmless the other Party from and against any and all liability, loss, claim, lawsuit, injury, cost, damage or expense whatsoever (including reasonable attorneys' fees and court costs), imposed by a third party and arising out of, incident to or in any manner occasioned by the performance or nonperformance of any duty or responsibility under this Agreement by such indemnifying Party, or any of its employees, agents, contractors or subcontractors.

ARTICLE XI **TERM AND TERMINATION**

Section 11.1 Term. The term of this Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "**Initial Term**") and SHALL RENEW ON AN ANNUAL BASIS ("**RENEWAL TERM**") ABSENT WRITTEN NOTICE BY EITHER PARTY OF NON-RENEWAL TO THE OTHER PARTY THIRTY (30) CALENDAR DAYS PRIOR TO THE EXPIRATION OF THE INITIAL TERM OR ANY SUBSEQUENT RENEWAL TERM OF THIS AGREEMENT.

Section 11.2 Events of Termination. Notwithstanding the foregoing, this Agreement may be terminated upon the occurrence of any one (1) of the following events:

(a) Either Party may terminate this Agreement at any time upon sixty (60) days' prior written notice to the other Party.

(b) If either Party shall apply for or consent to the appointment of a receiver, trustee or liquidator of itself or of all or a substantial part of its assets, file a voluntary petition in bankruptcy, or admit in writing its inability to pay its debts as they become due, make a general assignment for the benefit of creditors, file a petition or an answer seeking reorganization or arrangement with creditors or take advantage of any insolvency law, or if an order, judgment, or decree shall be entered by a court of competent jurisdiction or an application of a creditor, adjudicating such Party to be bankrupt or insolvent, or approving a petition seeking reorganization of such Party or appointing a receiver, trustee or liquidator of such Party or of all or a substantial part of its assets, and such order, judgment, or decree shall continue in effect and unstayed for a period of

thirty (30) consecutive calendar days, then the other Party may terminate this Agreement upon ten (10) business days' prior written notice to such Party.

Section 11.3 Immediate Termination. Notwithstanding anything to the contrary herein, this Agreement will be terminated immediately upon the following events: (a) the suspension or revocation of the license, certificate or other legal credential authorizing Receiving Hospital to provide emergency care services; (b) termination of Receiving Hospital's participation in or exclusion from any federal or state health care program for any reason; (c) the cancellation or termination of Receiving Hospital's professional liability insurance required under this Agreement without replacement coverage having been obtained.

ARTICLE XII

MISCELLANEOUS PROVISIONS

Section 12.1 Entire Agreement. This Agreement constitutes the entire understanding between the Parties with respect to the subject matter hereof. This Agreement supersedes any and all other prior agreements either written or oral, between the Parties with respect to the subject matter hereof.

Section 12.2 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

Section 12.3 Waiver. Any waiver of any terms and conditions hereof must be in writing, and signed by the Parties. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

Section 12.4 Severability. The provisions of this Agreement shall be deemed severable, and, if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

Section 12.5 Headings. All headings herein are inserted only for convenience and ease of reference and are not to be considered in the construction or interpretation of any provision of this Agreement.

Section 12.6 Assignment. This Agreement, being intended to secure the services of Receiving Hospital, shall not be assigned, delegated or subcontracted by Receiving Hospital without prior written consent of Transferring Facility.

Section 12.7 Governing Law. This Agreement shall be construed under the laws of the state of Illinois, without giving affect to choice of law provisions.

Section 12.8 Notices. Any notice herein required or permitted to be given shall be in writing and shall be deemed to be duly given on the date of service if served personally on the other Party, or on the fourth (4th) day after mailing, if mailed to the other Party by certified mail, return receipt requested, postage pre-paid, and addressed to the Parties as follows:

To Transferring Facility

Fresenius Medical Care
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154

To Receiving Hospital

President & CEO
Provena Mercy Medical Center
1325 N. Highland Ave.
Aurora, IL 60506

Copy to:

General Counsel
Provena Health
19065 Hickory Creek Drive, Suite 115
Mokena, IL 60448

or such other place or places as either Party may designate by written notice to the other.

Section 12.9 Amendment. This Agreement may be amended upon mutual, written agreement of the Parties.

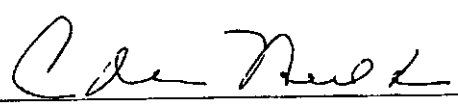
Section 12.10 Regulatory Compliance. The Parties agree that nothing contained in this Agreement shall require Transferring Facility to refer patients to Receiving Hospital for emergency care services or to purchase goods and services. Notwithstanding any unanticipated effect of any provision of this Agreement, neither Party will knowingly and intentionally conduct its behavior in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs.

Section 12.11 Access to Books and Records. If applicable, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States, or any of their duly authorized representatives, Receiving Hospital shall make available to the Secretary or to the Comptroller General those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing its services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such service. This Section is included pursuant to and is governed by the requirements of Public Law 96-499 and Regulations promulgated thereunder. The Parties agree that any attorney-client, accountant-client or other legal privileges shall not be deemed waived by virtue of this Agreement.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers hereto setting their hands as of the date first written above.

TRANSFERRING FACILITY

Fresenius Medical Care of Illinois, LLC d/b/a
Fresenius Medical Care East Aurora

By: 

Its: Regional Vice President

RECEIVING HOSPITAL

Provena Hospitals, d/b/a Provena
Mercy Medical Center

an Illinois not-for-profit corporation

By: 
James D. Witt

Its: President & CEO

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care East Aurora, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care East Aurora in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 90.55% of patients had a URR \geq 65%
 - o 92.66% of patients had a Kt/V \geq 1.2

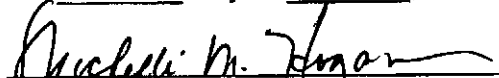
and same is expected for Fresenius Medical Care East Aurora.



Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 2nd day of AUGUST, 2009


Signature of Notary

Mercey Lane, LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

September 20, 2010

Attn: Bill Popken

RE: **Fresenius Medical Care Dialysis Center**
924 New York Street, Aurora, IL Letter Of Intent

Dear Bill,

Mercey Lane, LLC ("Landlord") hereby express its interest in negotiating a Lease of the above reference property with Fresenius Medical Care ("Tenant"). By your execution hereof, you represent that you have been dully authorized to sign this letter on behalf of Tenant.

This is a letter of intently only. It is not legally binding on either party, notwithstanding anything to the contrary in this letter. It is, however an indication of good faith intent between the parties to be detailed in the future lease agreement if the parties so agree.

OWNERSHIP:

Mercey Lane LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

LOCATION:

924 East New York Street, Aurora, IL
Parcel # PDFNL09.007 Lot 1 per attached

INITIAL SPACE
REQUIREMENTS:

Approximately 8,500 SF of contiguous usable square feet.

PRIMARY TERM:

Twelve (12) years.

POSSESSION DATE:

FMC will have the right to take possession of the premises upon substantial completion of Landlord's work.

COMMENCEMENT DATE:

90 days after Possession .

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates.

RENTAL RATE:

\$23.00 SF NET. Rent will escalate by 10% in year (5) and 10.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Operating Expenses and Taxes are estimated to be approximately \$5.00 per square foot.

**DEMISED PREMISES
SHELL:**

Landlord using Tenant standard shell specifications shall design, construct and deliver a shell building. ("Landlord Work")

PARKING:

Landlord will provide parking 4 per 1,000 in accordance with state and local requirements.

**CORPORATE
IDENTIFICATION:**

FMC will have complete signage rights in accordance with local code.

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without landlord's consent. Any other assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord represents that the property zoning is acceptable for use as a Dialysis Clinic and if there are no restrictive covenants on the property

FINANCING:

FMC will require a non-disturbance agreement.

EXCLUSIVE TERRITORY:

Landlord agrees not to lease space under its control to another dialysis provider within a five mile radius of the proposed location.

CON CONTINGENCY:

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

does not expect to receive a CON permit prior to February 2011. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by February 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

BROKERAGE FEE:

Per separate agreement.

INDEMNITY:

If for any reason FMC does not sign the Lease Agreement pursuant to the terms contemplated herein or if the CON is not obtained, FMC agrees to reimburse Landlord for all reasonable out-of-pocket costs Landlord incurs in connection with securing the Property for FMC not to exceed \$30,000.00 (including, without limitation, reasonable due diligence costs, Option deposits, appraisals, environmental reports, soil tests, etc.; reasonable fees and costs of attorneys, architects, engineers and other contractors; and reasonable costs incurred in connection with obtaining governmental approvals and permits). This provision is intended to be binding upon the parties, notwithstanding any provision to the contrary contained herein to the contrary.

This offer is not intended to be contractual in nature and only an executed lease delivered to both parties can bind the parties to this transaction. It is expressly understood, agreed, and hereby acknowledged, that only upon the proper execution of a fully completed, formal lease contract, with all the lease terms and conditions clearly defined and included therein, will there then be any obligation, of any kind or nature, incurred or created between the herein parties in connection with the referenced property.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Sincerely,

Chad Middenforf
Manager

AGREED AND ACCEPTED this ____ day of _____, 2010

By: _____

Title: _____

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

DELL**QUOTATION**

QUOTE #: 485293558

Customer #: 84405601

Contract #: 70137

Customer Agreement #: Dell Std Terms

Quote Date: 4/22/09

Date: 4/22/09 12:33:14 PM

Customer Name: FRESENIUS MEDICAL CARE N A

TOTAL QUOTE AMOUNT:	\$975.02		
Product Subtotal:	\$864.59		
Tax:	\$46.43		
Shipping & Handling:	\$64.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$584.51	GROUP TOTAL: \$584.51
Base Unit:	OptiPlex 760 Small Form Factor Base Standard PSU (224-2219)		
Processor:	OptiPlex 760, Core 2 Duo E7300/2.66GHz, 3M, 1068FSB (311-9514)		
Memory:	2GB, Non-ECC, 800MHz DDR2, 2X1GB OptiPlex (311-7374)		
Keyboard:	Dell USB Keyboard, No Hot Keys English, Black, OptiPlex (330-1987)		
Monitor:	Dell UltraSharp 1708FP BLK w/AdjStn, 17 inch, 1x08FPBLK OptiPlex, Precision and Latitude (320-7682)		
Video Card:	Integrated Video, GMA 4500, Dell OptiPlex 760 and 960 (320-7407)		
Hard Drive:	80GB SATA 3.0Gb/s and 8MB DataBurst Cache, Dell OptiPlex (341-8006)		
Floppy Disk Drive:	No Floppy Drive with Optical Filler Panel, Dell OptiPlex Small Form Factor (341-4609)		
Operating System:	Windows XP PRO SP3 with Windows Vista Business License English, Dell OptiPlex (420-9570)		
Mouse:	Dell USB 2 Button Optical Mouse with Scroll, Black OptiPlex (330-2733)		
NIC:	ASF Basic Hardware Enabled Systems Management (330-2901)		
CD-ROM or DVD-ROM Drive:	24X24 CDRW/DVD Combo, with Cyberlink Power DVD, No Media Media, Dell OptiPlex 960 Small Form Factor (313-7071)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.1, with Media, Dell OptiPlex/Precision (420-9179)		
Sound Card:	Heat Sink, Mainstream, Dell OptiPlex Small Form Factor (311-9520)		
Speakers:	Dell AX510 black Sound Bar for UltraSharp Flat Panel Displays Dell OptiPlex/Precision/ Latitude (313-8414)		
Cable:	OptiPlex 760 Small Form Factor Standard Power Supply (330-1984)		
Documentation Diskette:	Documentation, English, Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord, 125V, 2M, C13, Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings, OptiPlex (467-3564)		
Feature:	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6508)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, Initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
	Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport		

Service:	or call 1-866-516-31 (989-3449)
Installation:	Standard On-Site Installation Declined (900-9987)
Installation:	Standard On-Site Installation Declined (900-9987)
Misc:	Shipping Material for System Cypher Small Form Factor, Dell OptiPlex (330-2193)
	Vista Premium Downgrade Relationship Desktop (310-9161)
	CFI Routing SKU (365-0257)
	CFI, Rollup, Integration Service, Image Load (366-1416)
	CFI, Rollup, Custom Project, Fee for ESLH (366-1551)
	CFI, Rollup, Integration Services, BIOS Setting (366-1656)
	CFI, Information, Vista To WXP ONLY, Factory Install (372-6272)
	CFI, Software, Image, Quick Image, Titan, Factory Install (372-9740)
	CFI, BIOS, Across Line Of Business, Wakeup-on-lan, Enable, Factory Install (374-4558)
	CFI, Information, OptiPlex 760 Only, Factory Install (374-8402)

SOFTWARE & ACCESSORIES			
Product	Quantity	Unit Price	Total
Office 2007 Sngl C 021-07777 (A0748570)	1	\$259.68	\$259.68
Windows Server CAL 2008 Sngl MVL Device CAL C R18-02830 (A1511502)	1	\$20.40	\$20.40
Number of S & A Items: 2		S&A Total Amount: \$280.08	

SALES REP:	PHIL CLINTON	PHONE:	1800-274-3355
Email Address:	Phil_Clinton@Dell.com	Phone Ext:	723-3128

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. Orders may be faxed to the attention of your sales representative to 1-866-230-4217. You may also place your order online at www.dell.com/qt0

This quote is subject to the terms of the agreement signed by you and Dell, or absent such agreement, to Dell's Terms of Sale.

Prices and tax rates are valid in the U.S. only and are subject to change.

****Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 888-863-8778, referencing your customer number. If you have any questions regarding tax please call 800-433-9019 or email Tax_Department@dell.com. ****

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly. Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at US_Dell_ARS_Requests@dell.com. Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee Of Up to \$10 per item may be applied to your invoice as early as Jan 1, 2005. Prices in your cart do not reflect this fee. More Info: or refer to URL www.dell.com/environmentalfee

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2009 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #10-036, Fresenius Medical Care Mundelein and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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)	
ESRD		130.50			8,500			1,109,250	1,109,250
Contingency		13.00			8,500			110,500	110,500
TOTALS		143.50			8,500			1,219,750	1,219,750

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries	\$491,904
Benefits	122,976
Supplies	<u>78,624</u>
Total	\$693,504

Annual Treatments	8,986
Cost Per treatment	\$77.18

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2014

Depreciation/Amortization	\$232,396
Interest	<u>0</u>
CAPITAL COSTS	\$232,396

Treatments:	8,986
Capital Cost per treatment	\$25.86

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Sandwich, LLC

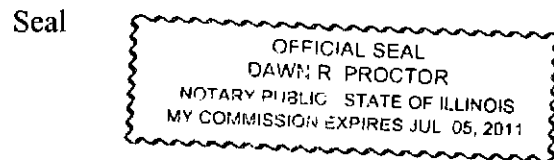
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *Colin Thiel*
Title: *Regional VP*

By: *M. D. D.*
Title: *JV PARTNER*

Notarization:
Subscribed and sworn to before me
this *21st* day of *December* 2010
Michelle M. Hogan
Signature of Notary

Notarization:
Subscribed and sworn to before me
this *20th* day of *December* 2010
Dawn R. Proctor
Signature of Notary



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *Marc Lieberman*
Marc Lieberman
Title: Asst. Treasurer

By: *Mark Fawcett*
Mark Fawcett
Title: Vice President & Asst. Treasurer

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

Notarization:
Subscribed and sworn to before me
this 10 day of Dec, 2010

C Wynelle Scenna
Signature of Notary

Seal



Seal

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Sandwich, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Colin Beck*
ITS: *Regional VP*

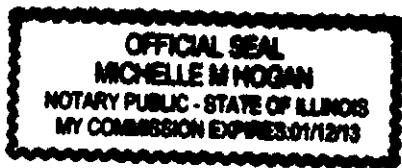
By: *Michelle*
ITS: *JV Partner*

Notarization:

Subscribed and sworn to before me
this *21st* day of *December*, 2010

Michelle M. Hogan
Signature of Notary

Seal

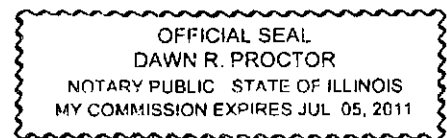


Notarization:

Subscribed and sworn to before me
this *20th* day of *December* 2010

Dawn R. Proctor
Signature of Notary

Seal



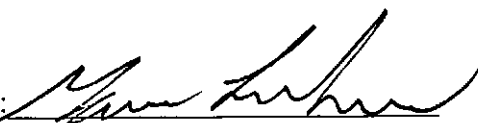
Criterion 1120.310(b) Conditions of Debt Financing

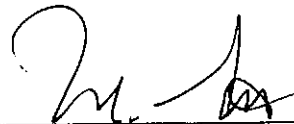
Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

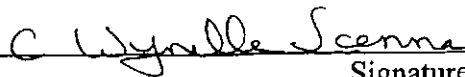
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Marc Lieberman
Asst. Treasurer

By: 
ITS: Mark Fawcett
Vice President & Asst. Treasurer

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

Notarization:
Subscribed and sworn to before me
this 10 day of Dec, 2010

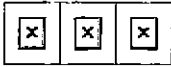
Signature of Notary  Signature of Notary

Seal



Charity Care Information

From a charity standpoint Fresenius Medical Care accepts any patient regardless of their ability to pay. Most ESRD patients qualify for Medicare coverage or have private insurance and there are some who qualify for Medicaid. For those patients who don't have insurance and for whatever reason don't pursue government payor sources, Fresenius Medical Care will treat and bill the patient even though payment is not expected. These patients are considered "self-pay" patients. These unpaid accounts are then written off as bad debt. This practice does not meet the Board's definition of Charity Care so therefore, Fresenius Medical Care would have no charity care to report.



MAPQUEST.

Trip to 1300 Waterford Dr
Aurora, IL 60504-5502
2.78 miles - about 6 minutes

Notes

TO:
FOX VALLEY DIALYSIS



924 E New York St, Aurora, IL 60505-3724



1. Start out going **EAST** on **E NEW YORK ST** toward **HICKORY AVE.** go 0.1 mi



2. Turn **RIGHT** onto **N OHIO ST.** go 0.1 mi



3. Turn **LEFT** onto **E GALENA BLVD.** go 0.1 mi



4. Stay **STRAIGHT** to go onto **HILL AVE.** go 1.4 mi



5. Turn **LEFT** onto **MONTGOMERY RD.** go 0.7 mi



6. Turn **RIGHT** onto **WATERFORD DR.** go 0.3 mi



7. **1300 WATERFORD DR** is on the **LEFT.** go 0.0 mi



1300 Waterford Dr, Aurora, IL 60504-5502

Total Travel Estimate : 2.78 miles - about 6 minutes

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MAPQUEST.

Trip to 450 Mercy Ln
Aurora, IL 60506-2447
3.51 miles - about 10 minutes

Notes

TO:
FRESENIUS AURORA

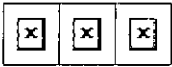
A **924 E New York St, Aurora, IL 60505-3724**

-  1. Start out going **NORTHWEST** on **E NEW YORK ST** toward **N SMITH ST.** go 1.4 mi
-   2. Turn **RIGHT** onto **N LAKE ST / IL-31.** go 1.6 mi
-  3. Turn **LEFT** onto **W INDIAN TRL / W NEW INDIAN TRL.** Continue to follow **W INDIAN TRL.** go 0.4 mi
-  4. Turn **RIGHT** onto **MERCY LN.** go 0.1 mi
-  5. **450 MERCY LN** is on the **LEFT.** go 0.0 mi

B **450 Mercy Ln, Aurora, IL 60506-2447**
Total Travel Estimate : 3.51 miles - about 10 minutes

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MAPQUEST.













Trip to 1051 Station Dr
Oswego, IL 60543-5008
10.18 miles - about 16 minutes

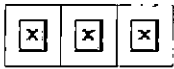
Notes

TO:
FRESENIUS OSWEGO



924 E New York St, Aurora, IL 60505-3724

-  1. Start out going **EAST** on **E NEW YORK ST** toward **HICKORY AVE.** go 0.1 mi
-  2. Turn **RIGHT** onto **N OHIO ST.** go 0.1 mi
-  3. Turn **LEFT** onto **E GALENA BLVD.** go 0.1 mi
-  4. Stay **STRAIGHT** to go onto **HILL AVE.** go 2.4 mi
-   5. Turn **RIGHT** onto **US-30 / US-34.** go 0.3 mi
-  6. Turn **SLIGHT RIGHT.** go 0.1 mi
-   7. Turn **SLIGHT RIGHT** onto **US-30.** go 4.7 mi
-  8. Turn **LEFT** onto **ORCHARD RD / CR-9.** Continue to follow **ORCHARD RD.** go 2.1 mi
-  9. Turn **RIGHT** onto **MILL RD.** go 0.0 mi
-  10. Turn **RIGHT** onto **STATION DR.** go 0.1 mi



MAPQUEST.

Trip to 514 W 5th Ave
 Naperville, IL 60563-2901
 8.31 miles - about 16 minutes

Notes

TO:
 FRESENIUS NAPERVILLE NORTH



924 E New York St, Aurora, IL 60505-3724



1. Start out going **EAST** on **E NEW YORK ST** toward **HICKORY AVE.** go 4.6 mi



2. Stay **STRAIGHT** to go onto **AURORA AVE.** go 1.0 mi



3. Turn **LEFT** onto **US-34 / OGDEN AVE / W OGDEN AVE.** go 2.0 mi
 Continue to follow **US-34 / W OGDEN AVE.**



4. Turn **RIGHT** onto **ROYAL ST GEORGE DR.** go 0.2 mi



5. **ROYAL ST GEORGE DR** becomes **W 5TH AVE.** go 0.5 mi



6. **514 W 5TH AVE** is on the **RIGHT.** go 0.0 mi

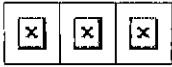


514 W 5th Ave, Naperville, IL 60563-2901

Total Travel Estimate : 8.31 miles - about 16 minutes

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MAPQUEST.








Trip to 100 Spalding Dr
Naperville, IL 60540-6550
7.85 miles - about 16 minutes

Notes

TO:
FRESENIUS NAPERVILLE



924 E New York St, Aurora, IL 60505-3724

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on E NEW YORK ST toward HICKORY AVE. | go 4.6 mi |
|  | 2. Stay STRAIGHT to go onto AURORA AVE. | go 2.5 mi |
|  | 3. Turn RIGHT onto S WEST ST. | go 0.4 mi |
|  | 4. Turn LEFT onto W MARTIN AVE / MARTIN AVE.
Continue to follow W MARTIN AVE. | go 0.2 mi |
|  | 5. Turn RIGHT onto BROM DR. | go 0.1 mi |
|  | 6. Turn LEFT onto SPALDING DR. | go 0.0 mi |
|  | 7. 100 SPALDING DR is on the LEFT. | go 0.0 mi |



100 Spalding Dr, Naperville, IL 60540-6550

Total Travel Estimate : 7.85 miles - about 16 minutes

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MAPQUEST.

Trip to 450 E Roosevelt Rd
 West Chicago, IL 60185-3905
 12.13 miles - about 20 minutes

Notes

TO:
 FRESENIUS DUPAGE WEST

A **924 E New York St, Aurora, IL 60505-3724**

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on E NEW YORK ST toward HICKORY AVE. | go 2.7 mi |
|  | 2. Turn LEFT onto N EOLA RD. | go 4.3 mi |
|   | 3. Turn RIGHT onto BUTTERFIELD RD / IL-56. | go 1.4 mi |
|   | 4. Turn LEFT onto IL-59. | go 3.2 mi |
|  | 5. Turn RIGHT onto DAYTON AVE. | go 0.0 mi |
|  | 6. Turn SLIGHT RIGHT onto SARANA AVE. | go 0.2 mi |
|   | 7. Turn RIGHT onto E ROOSEVELT RD / IL-38. | go 0.3 mi |
|  | 8. 450 E ROOSEVELT RD is on the LEFT. | go 0.0 mi |

B **450 E Roosevelt Rd, West Chicago, IL 60185-3905**
 Total Travel Estimate : 12.13 miles - about 20 minutes

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MAPQUEST.

Trip to 306 Randall Rd
Geneva, IL 60134-4200
11.28 miles - about 22 minutes

Notes

TO:
TRI-CITIES DIALYSIS

A 924 E New York St, Aurora, IL 60505-3724

-  1. Start out going **NORTHWEST** on **E NEW YORK ST** toward **N SMITH ST.** go 1.4 mi
-   2. Turn **RIGHT** onto **N LAKE ST / IL-31**. Continue to follow **IL-31**. go 4.2 mi
-  3. Turn **LEFT** onto **MOOSEHEART RD / CR-71**. go 1.0 mi
-  4. Turn **SLIGHT RIGHT** onto **S RANDALL RD / CR-34 N**. go 4.8 mi
-  5. **306 RANDALL RD** is on the **LEFT**. go 0.0 mi

B 306 Randall Rd, Geneva, IL 60134-4200
Total Travel Estimate : 11.28 miles - about 22 minutes

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MAPQUEST.

Trip to 899 Branson Dr
Batavia, IL 60510-7704
10.60 miles - about 22 minutes

Notes

TO:
FRESENIUS WEST BATAVIA



924 E New York St, Aurora, IL 60505-3724



1. Start out going **NORTHWEST** on **E NEW YORK ST** toward **N SMITH ST.** go 1.4 mi



2. Turn **RIGHT** onto **N LAKE ST / IL-31**. Continue to follow **IL-31**. go 4.2 mi



3. Turn **LEFT** onto **MOOSEHEART RD / CR-71**. go 1.0 mi



4. Turn **SLIGHT RIGHT** onto **S RANDALL RD / CR-34 N**. go 3.3 mi



5. Turn **LEFT** onto **W FABYAN PKWY / CR-8 W**. go 0.6 mi



6. Turn **LEFT** onto **BRANSON DR**. go 0.2 mi



7. **899 BRANSON DR**. go 0.0 mi



899 Branson Dr, Batavia, IL 60510-7704

Total Travel Estimate : 10.60 miles - about 22 minutes

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MAPQUEST.

Trip to 1400 Beecher Rd
Yorkville, IL 60560-5600
14.67 miles - about 24 minutes

Notes

TO: 

Yorkville Dialysis Center



924 E New York St, Aurora, IL 60505-3724



1. Start out going **EAST** on **E NEW YORK ST** toward **HICKORY AVE.** go 0.1 mi



2. Turn **RIGHT** onto **N OHIO ST.** go 0.1 mi



3. Turn **LEFT** onto **E GALENA BLVD.** go 0.1 mi



4. Stay **STRAIGHT** to go onto **HILL AVE.** go 2.4 mi



5. Turn **RIGHT** onto **US-30 / US-34.** Continue to follow **US-34.** go 3.7 mi



6. Stay **STRAIGHT** to go onto **IL-71.** go 2.4 mi



7. Turn **RIGHT** onto **CR-9A / ORCHARD RD.** go 0.7 mi



8. Turn **LEFT** onto **US-34.** go 5.1 mi



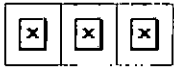
9. Turn **RIGHT** onto **BEECHER RD.** go 0.0 mi



10. **1400 BEECHER RD.** go 0.0 mi

1400 Beecher Rd, Yorkville, IL 60560-5600

Total Travel Estimate : 14.67 miles - about 24 minutes



MAPQUEST.

Trip to 1859 N Neltnor Blvd
West Chicago, IL 60185-5900
15.37 miles - about 24 minutes

Notes

TO:
FRESENIUS WEST CHICAGO



924 E New York St, Aurora, IL 60505-3724



1. Start out going EAST on E NEW YORK ST toward HICKORY AVE. go 2.7 mi



2. Turn LEFT onto N EOLA RD. go 4.3 mi



3. Turn RIGHT onto BUTTERFIELD RD / IL-56. go 1.4 mi



4. Turn LEFT onto IL-59. go 6.9 mi



5. 1859 N NELTNOR BLVD. go 0.0 mi



1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 15.37 miles - about 24 minutes

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December 20, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist practicing in the far west suburbs in the Aurora area along with my partner Dr. Fakhruddin. I am the Medical Director of the Fresenius Aurora Dialysis Center and the Fresenius Oswego Dialysis Center. My partner Dr. Fakhruddin is the Medical Director of the Fresenius Sandwich dialysis facility. I am writing in support of the Fresenius Medical Care East Aurora dialysis facility. I have seen significant and continual growth of the ESRD population in Aurora since 1992 that I have been practicing nephrology here. The Fresenius Aurora facility, despite expanding remains highly utilized.

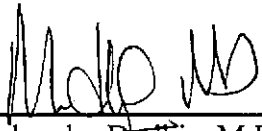
Aurora has a significant Hispanic and African American population. This is reflected in the demographic makeup of the patients at the current Aurora facility. 33% of the hemodialysis patients there are Hispanic and 26% are African American. A total of 82% of this patient population resides in the zip code/neighborhood where the proposed East Aurora facility will be located. I feel it is necessary to provide for this growing population that experiences a risk of diabetes and hypertension (the two main causes of kidney failure) that is twice as high as the general population. Establishing the facility near where these patients live will improve their access to dialysis services. It is not in the patient's best interest to have to travel long distances for dialysis treatment. This facility will also help to alleviate the constant growth and high utilization at the current Aurora facility.

My practice was treating 121 hemodialysis patients at the end of 2007, 133 patients at the end of 2008 and 135 patients at the end of 2009, as reported to The Renal Network. The practice patient census for the most recent quarter was 149. Over the past twelve months, we have referred 84 patients for dialysis services to Fresenius Aurora, Fresenius Oswego, Fresenius Sandwich and to Fox Valley Dialysis. I have 71 pre-ESRD patients in my practice I expect to refer to the East Aurora facility and another 4 patients I expect to transfer from the current Aurora facility. (See attached patient list) This does not include those patients that present in the emergency department in renal failure who have had no prior kidney disease treatment.

I respectfully ask the Board to approve the East Aurora dialysis facility to provide for the continued growth of ESRD patients in Aurora. Thank you for your consideration.


I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.

Sincerely,



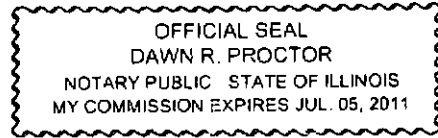
Navinchandra Dodhia, M.D.

Notarization:
Subscribed and sworn to before me
this 29th day of December, 2010



Signature of Notary

Seal



**NEW REFERRALS OF DR. DODHIA'S PRACTICE FOR TIME PERIOD
10/01/09 THROUGH 09/30/2010**

Fresenius Aurora		Fresenius Oswego		Fresenius Sandwich		Fox Valley Dialysis	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60181	1	60431	2	60115	1	60504	1
60185	1	60446	1	60520	1	60544	1
60504	2	60505	3	60538	1	Total	2
60505	16	60506	1	60545	2		
60506	17	60538	1	60548	2		
60510	1	60543	2	60551	1		
60515	1	60545	1	60560	2		
60520	1	60552	1	Total	10		
60542	11	60560	5				
60554	1	60565	1				
60560	1	Total	18				
60563	1						
Total	54			Total	84		

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2007

FRESENIUS AURORA		FRESENIUS OSWEGO		FOX VALLEY	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60506	31	60560	5	60543	3
60505	27	60543	5	60548	2
60542	6	60548	4	60505	1
60504	3	60538	4	60560	2
60538	3	60545	3	60504	3
60510	2	60506	3	60554	1
60543	2	60505	1	60506	1
60554	2		<u>25</u>		<u>13</u>
60042	1				
60106	1				
60123	1				
60174	1				
60177	1				
60178	1				
60560	<u>1</u>				
	83				

Total 2007 - 121

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2008

FRESENIUS AURORA		FRESENIUS OSWEGO		FOX VALLEY	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60506	30	60560	9	60543	3
60505	25	60543	8	60548	1
60542	6	60548	5	60560	2
60510	3	60538	4	60504	4
60554	3	60505	3	60506	1
60174	2	60506	3	60505	1
60543	2	60504	2		<u>12</u>
60042	1	60542	2		
60119	1	60545	2		
60120	1	60503	1		
60177	1	60512	1		
60504	1	60586	1		
60538	1	60644	1		
60540	1		<u>42</u>		
60605	1				
	<u>79</u>				

Total 2008 - 133

PATIENTS OF DR. DODHIA'S PRACTICE AT YEAR END 2009

FRESENIUS AURORA	
ZIP CODE	# OF PTS
60120	1
60174	1
60177	1
60503	1
60504	3
60505	29
60506	22
60538	3
60542	8
60554	3
TOTAL	72

FRESENIUS OSWEGO	
ZIP CODE	# OF PT'S
60505	1
60543	1
60560	1
TOTAL	3

FRESENIUS SANDWICH	
ZIP CODE	# OF PTS
60541	1
60548	2
60551	1
60545	1
61378	1
TOTAL	6

FOX VALLEY DIALYSIS	
ZIP CODE	# OF PTS
60504	3
60505	1
60543	3
60560	1
Total	8

Dr. Fakhruddin

FRESENIUS OSWEGO	
ZIP CODE	# OF PT'S
60446	1
60447	1
60504	1
60505	5
60506	5
60538	6
60542	1
60543	5
60545	2
60548	1
60560	10
60644	1
TOTAL	39

FRESENIUS SANDWICH	
ZIP CODE	# OF PTS
60548	3
60545	1
60552	1
62701	1
TOTAL	6

FOX VALLEY DIALYSIS	
ZIP CODE	# OF PTS
60506	1

TOTAL 2009	135
-------------------	------------

PATIENTS OF DR. DODHIA'S PRACTICE 3rd QUARTER 2010

Fresenius Aurora	
Zip Code	Patients
60119	2
60123	2
60137	11
60174	1
60177	1
60185	27
60503	1
60504	2
60505	1
60506	1
60510	1
60520	1
60538	3
60542	29
60554	1
60560	1
60563	1
Total	86

Fresenius Oswego	
Zip Code	Patients
60134	1
60431	1
60446	1
60503	1
60505	7
60506	3
60538	7
60543	7
60545	2
60552	1
60560	1
60565	1
60644	1
Total	34

Fresenius Sandwich	
Zip Code	Patients
60115	1
60506	1
60520	1
60538	1
60545	4
60548	7
60551	2
60560	2
61378	1
Total	20

Fox Valley Dialysis	
Zip Code	Patients
60543	2
60560	1
60504	5
60505	1
Total	9

Total	149
--------------	------------

PRE-ESRD PATIENTS DR. DODHIA EXPECTS TO REFER TO FRESENIUS MEDICAL CARE EAST AURORA IN THE FIRST TWO YEARS OF OPERATION

Pre-ESRD

Zip Code	Patients
60502	4
60503	2
60504	4
60505	26
60506	33
60507	2
Total	71

Transfers

Zip Code	Patients
60505	4