

Original

11-038

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

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

JUN 28 2011

This Section must be completed for all projects.HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Naperville</i>			
Street Address: <i>2451 S. Washington Street</i>			
City and Zip Code: <i>Naperville 60565</i>			
County: <i>Will</i>	Health Service Area: <i>9</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 Naperville, LLC d/b/a Fresenius Medical Care Naperville</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>Brushy Creek, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 40223</i>
Street Address or Legal Description of Site: <i>2451 S. Washington Street, Naperville 60565</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 ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Naperbrook, LLC d/b/a Fresenius Medical Care Naperbrook</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 ATTACHMENT-3, 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 Naperville, LLC, proposes to establish a 16 station in-center hemodialysis facility at 2451 S. Washington Street, Naperville, IL 60565. The facility will be in 10,000 gsf of leased space in a single tenant building. The interior of 8,000 of the leased space will be built out by the applicant. The remaining 2,000 gsf will remain as unfinished shell space to be built out at a later date.

Fresenius Medical Care Naperville will be in HSA 9.

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	1,044,100	N/A	1,044,100
Contingencies	104,400	N/A	104,400
Architectural/Engineering Fees	103,000	N/A	103,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	600,000	N/A	600,000
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	3,068,800	N/A	3,068,800
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	4,920,300	N/A	4,920,300
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	1,851,500	N/A	1,851,500
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)	3,068,800	N/A	3,068,800
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	4,920,300	N/A	4,920,300

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 Yes No
Purchase Price: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

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

Estimated start-up costs and operating deficit cost is \$ 58,000.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): 12/31/2013

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

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							

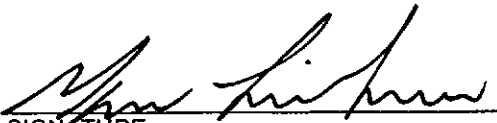
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

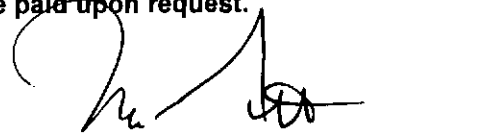
The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- 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 Naperbrook, 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

Marc Lieberman
PRINTED NAME
Asst Treasurer
PRINTED TITLE


SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ___ day of ___ 2011

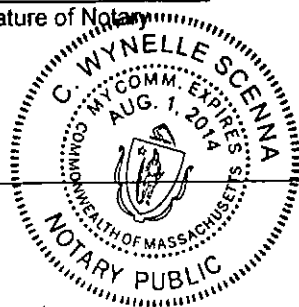
Notarization:
Subscribed and sworn to before me
this 13 day of June 2011

C Wynelle Scenna
Signature of Notary

Signature of Notary

Seal

Seal



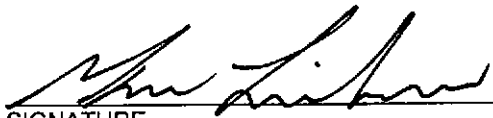
*Insert EXACT legal name of the applicant

CERTIFICATION

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

- 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.



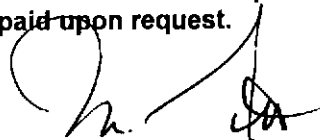
SIGNATURE

Marc Lieberman

Asst. Treasurer

PRINTED NAME

PRINTED TITLE



SIGNATURE

Mark Pawcett
Vice President & Asst. Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ___ day of _____ 2011

Notarization:
Subscribed and sworn to before me
this 13 day of June 2011

Signature of Notary C Wynelle Scenna

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:

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:

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	16

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:**

<u>1,851,500</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <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;
<u>N/A</u>	<p>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.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>3,068,800</u>	<p>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:</p> <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.
<u>N/A</u>	<p>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;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<u>4,920,300</u>	TOTAL FUNDS AVAILABLE

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**

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			

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
8	Obligation Document if required	33
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	46
17	Assurances for Unfinished/Shell Space	47
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	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	48-70
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
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	71-76
40	Financial Waiver	77-78
41	Financial Viability	
42	Economic Feasibility	79-83
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	Appendix 1 – Referral Letter	90-96
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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 NAPERBROOK, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON OCTOBER 25, 2010, 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 TRANACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of JUNE A.D. 2011 .



Jesse White

Authentication #: 1117301790

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

SECRETARY OF STATE

Co - Applicant Identification

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</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.

Site Ownership

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Brushy Creek, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 40223</i>
Street Address or Legal Description of Site: <i>2451 S. Washington Street, Naperville 60565</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.



Cushman & Wakefield of
 Illinois, Inc.
 455 N. Cityfront Plaza Drive
 Suite 2800
 Chicago, IL 60611-5555
 (312) 470-1800 Tel
 (312) 470-3800 Fax
 www.cushwake.com

June 7, 2011

Chad Middendorf
 Naperbrook 1.5 LLC
 10531 Timberwood Circle, Suite D
 Louisville, KY 40223

RE: **Fresenius Medical Care Dialysis Center
 Letter Of Intent**

Dear Chad,

Cushman & Wakefield has been exclusively authorized by Fresenius Medical Care (FMC) to secure proposals and assist them in negotiations regarding the acquisition of leased space in the Naperville area. Of the properties we will analyze, your site has been identified as one that potentially meets the necessary requirements. At this time, we are pleased to provide the following Letter Of Intent.

Fresenius Medical Care is the world's leading provider of dialysis products and services. It manages in excess of over 2,500 kidney dialysis clinics and 50 billing centers and regional offices throughout North America. You can visit their website for financial information and highlights at www.fmcna.com.

Please prepare the proposal to correspond to the following terms and conditions:

OWNERSHIP:

Brushy Creek LLC
 10531 Timberwood Circle, Suite D
 Louisville, KY 40223

LOCATION:

2451 S. Washington Street
 Naperville, IL

**INITIAL SPACE
 REQUIREMENTS:**

Approximately 10,000 rentable square feet.

HOURS OF OPERATION:

Please be advised that FMC may have employees and / or patients on site 24 hours per day 6 days per week. FMC is not open on Sundays.

PRIMARY TERM:

Twelve (12) years.

POSSESSION DATE:

FMC will have the right to take possession of the premises upon approval of the Certificate of Need to complete its necessary improvements. FMC will need a minimum of 90 days to build out the premises.

COMMENCEMENT DATE:

90 days after Possession.

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.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates. Please identify the terms of any option to renew.

RENTAL RATE:

\$23.75 NET NET.

ESCALATION:

Rent shall escalate 10% in lease year 6 and lease year 11.

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

Tenant shall be responsible for all associated Tax & Operating Expenses.

TENANT IMPROVEMENTS:

FMC shall not be required to remove their tenant improvements at the end of the term.

**DEMISED PREMISES
SHELL:**

Tenant shall accept the premises in its "as-is" condition.

FIRE SUPPRESSION:

N/A

**SPACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

FMC will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.

**PARKING:
CORPORATE
IDENTIFICATION:**

Tenant shall have use of all associated parking.

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:**

Suzanne Thorsen, AICP, Community Planner (thorsensu@naperville.il.us p: 630.420.6080 f: 630.420-6657 1 400 S. Eagle Street Naperville, IL 60540) has indicated that "medical office" falls under the office zoning.

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.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

A Phase I shall be completed on the premises.

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 does not expect to receive a CON permit prior to October 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 October 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.

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.

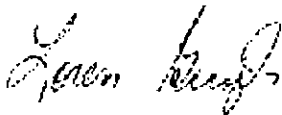
BROKERAGE FEE:

Per separate agreement.

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.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.


Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this _____ day of _____, 2011

By: 

Title: _____

AGREED AND ACCEPTED this _____ day of _____, 2011

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.]

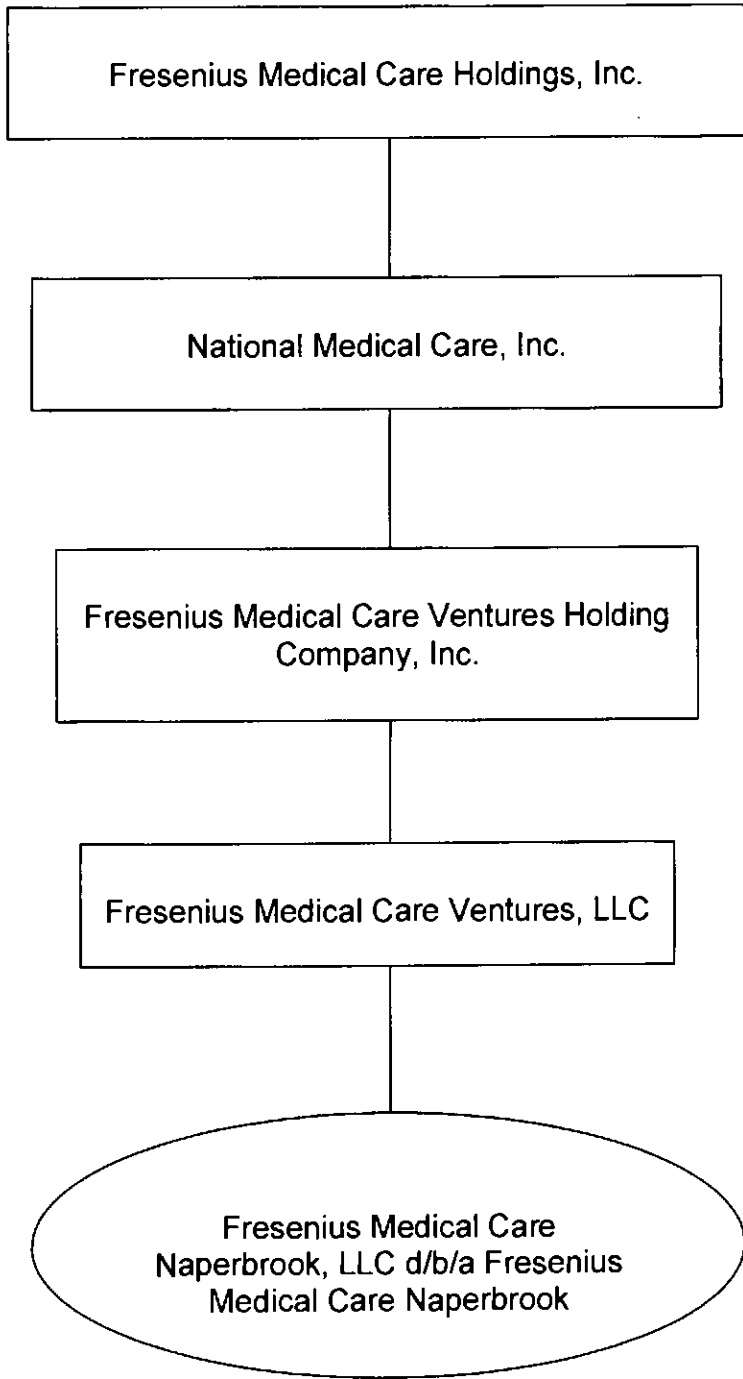
Exact Legal Name: *Fresenius Medical Care Naperbrook, LLC d/b/a Fresenius Medical Care Naperbrook*

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

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <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 |

- 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.





**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Will County
Naperville

CON - Establish a 16 Station Dialysis Facility
2451 S. Washington St.
IHPA Log #016101210

October 26, 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
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	52,000
Temp Facilities, Controls, Cleaning, Waste Management	2,600
Concrete	13,000
Masonry	15,500
Metal Fabrications	8,000
Carpentry	91,000
Thermal, Moisture & Fire Protection	18,000
Doors, Frames, Hardware, Glass & Glazing	75,000
Walls, Ceilings, Floors, Painting	168,000
Specialities	13,000
Casework, FI Mats & Window Treatments	6,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	334,000
Wiring, Fire Alarm System, Lighting	201,000
Miscellaneous Construction Costs	47,000
Total	\$1,044,100

Contingencies

Contingencies **\$104,400**

Architectural/Engineering

Architecture/Engineering Fees **\$103,000**

Movable or Other Equipment

Dialysis Chairs	\$24,000
Dialysis Machines	229,000
Misc. Clinical Equipment	30,000
Computers	6,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	35,000
Water Treatment	120,000
TVs & Accessories	48,000
Telephones	12,500
Generator	35,000
Facility Automation	20,000
Other miscellaneous	5,500
Total	\$600,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (8,500 GSF)	\$3,068,800
Total	\$3,068,800

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	4,306,540		8,000				
Unfinished Shell	613,760		2,000				
Total Clinical	4,920,300		10,000				
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	4,920,300		10,000				
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>							

Fresenius Medical Care Holdings, Inc. In-center 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	Boilingbrook	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
Chatham		333 W. 87th Street	Chicago	60620
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
Des Plaines		1625 Oakton Place	Des Plaines	60018
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 Biesterfeld 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
Joliet		721 E. Jackson Street	Joliet	60432
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

Facility List

ATTACHMENT - 11

Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Court	Ottawa	61350
Palatine		Dundee Road	Palatine	60074
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 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		14404 W. 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

Certification & Authorization

Fresenius Medical Care Naperbrook, 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 Naperbrook, 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: [Signature]

ITS: Marc Lieberman
Asst Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

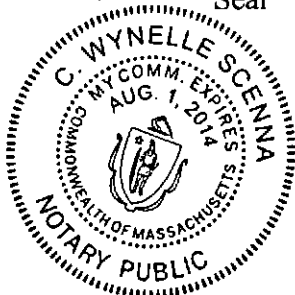
Notarization:
Subscribed and sworn to before me
this 13 day of June 2011

[Signature]
Signature of Notary

[Signature]
Signature of Notary

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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]
ITS: Marc Lieberman
Asst Treasurer

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

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 13 day of June, 2011

Signature of Notary

C Wynelle Scenna
Signature of Notary

Seal



Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to keep dialysis services accessible to a rapidly growing population with a growing ESRD population in HSA 9, more specifically the Naperville/Bolingbrook market area. This facility is situated on the border of DuPage (HSA 7) and Will (HSA 9) counties and will serve both HSA's.
2. The market area that Fresenius Medical Care Naperbrook will serve is mainly the cities of Naperville and Bolingbrook. Naperville is in DuPage County (HSA 7) and Bolingbrook is in Will County (HSA 9). However, a small area of Naperville falls in Will County and this is where the facility will be established.
3. This facility is needed to alleviate high utilization in the area and to accommodate the pre-ESRD patients that Nephrology Associates of Northern Illinois (NANI) has identified from this area who will require dialysis services in the next 2-3 years. The three facilities that serve this area have been operating at high utilizations despite expansions. These are Fresenius Naperville at 92%, Naperville North at 81% and Fresenius Bolingbrook at 79%. Fresenius Bolingbrook has expanded twice in the last year to accommodate continued growth and still remains highly utilized. Naperville North just added two more stations. Neither the Bolingbrook nor the Naperville facility has room to expand further. These high utilizations make it difficult to place patients especially on a shift that suits the patient's choice/lifestyle. It also does not leave acceptable shift choices for expected new dialysis patients who are generally the most ill.

Due to the fact that the Naperville and Bolingbrook facilities cannot expand and are highly utilized, the establishment of this facility containing 8,000 gsf of finished space will accommodate new ESRD patients in the next 3 years while the 2,000 gsf of unfinished shell space will be readily available for the future relocation of the Naperville facility, currently on the campus of Edward Hospital. The lease at the Naperville facility expires April 30, 2014 and is not renewable. At that time the stations/patients will need to be relocated elsewhere. Having available unfinished shell space for this relocation will be more cost effective than establishing another new facility.

4. Utilization of area facilities is obtained from the Renal Network for the 1st Quarter 2011. Pre-ESRD patients for the market area were obtained from Nephrology Associates of Northern Illinois (NANI).
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 Bolingbrook as listed below.
 - 96% of patients had a URR \geq 65%
 - 99% 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. The NANI practice has seen continued growth of ESRD and pre-ESRD in the Naperville/Bolingbrook area. The three facilities serving the area have consistently operated at high utilizations despite station additions. The high utilizations and number of pre-ESRD patients in the Naperville/Bolingbrook market area (overall 83% in Naperville and Bolingbrook) warrants a responsibility to plan for these patients 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 preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis expected financial obligations and does not require any additional funds to meet expected project costs.

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 NANI's pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment is not a reasonable option for the patients who live in this market. Except for Fresenius Lombard, all of the facilities within 30 minutes are operating between 77% and 92%. The overall utilization is 79%. Only 4 of the eleven facilities are under 80% and two of these are at 79%.

The only facility within 30 minutes that could reasonably accept the patients identified for the Naperville facility is close to 30 minutes away - Fresenius Lombard, serving the Downers Grove/Lombard market area. This facility is not in the market area for the patients from Bolingbrook and Naperville. As well, this facility just received certification and in the application for that facility 81 patients were identified who would be referred to that facility in the first two years of operation to bring that facility to 80%. These patients are from a separate patient base.

- D. As discussed further in this application, the most desirable alternative to keep access to dialysis services available to this highly utilized area and to plan for future ESRD patient needs in the Naperville/Bolingbrook market area is to establish Fresenius Medical Care Naperville. The cost of this project is \$4,920,300.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Gradual loss of access as facilities fill up with identified pre-ESRD patients of NANI and unidentified pre-ESRD of other area nephrologists.	Patient clinical quality would remain above standards in the Fresenius Medical Care facilities.	No effect on patients other than possible higher transportation costs if there is need to travel out of area for treatment
Pursue Joint Venture	\$2,952,180 \$1,968,120	Cost to Fresenius Medical Care Cost to JV partner	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.
Utilize Area Providers	\$0	NANI currently admits to 8 of the 11 facilities within 30 minutes. 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. Loss of access to treatment schedule times Would create ripple effect of raising utilization of area providers to or above capacity	If patients sent out of market area for treatment the result would be loss of continuity of care which would lead to lower patient outcomes	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Naperbrook	\$4,920,300	Continued access to dialysis treatment as patient numbers continue to grow. Improved access to favored treatment schedule times.	Patient clinical quality would remain above standards Patient satisfaction would improve with facilities closer to patient's home resulting in decreased travel times.	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 Naperbrook facility would maintain the same quality outcomes as the other Fresenius facilities in Illinois as listed below:

- 92% of patients had a URR \geq 65%
- 95% of patients had a Kt/V \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	8,000 (16 Stations)	360-520 DGSF	-	Yes

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 8,000 DGSF amounts to 500 DGSF per station and is within the State Standard.

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%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS	30	42%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS	117*	>100%*	80%	Yes

NANI has a total of 210 pre-ESRD patients in stages 3 & 4 of kidney failure who live in the vicinity of the Naperbrook facility.

Due to patient attrition 147 of these patients could be expected to be referred to the Naperbrook facility. 30 of these patients are in stage 4 and would be expected to begin dialysis in the first year of operation bringing the facility utilization to 42%.

*The remaining 117 are in stage 3 and would begin in the second to third year of operation. It is difficult to determine exactly when a patient who is currently in stage 3 will progress to stage 4 due to the fact that each patient has a different clinical presentation. As well, there is a percentage of these patients who might choose a different facility in the area. However, given the pre-ESRD population of NANI, there is a sufficient number of patients to bring the facility to 80% within the second year of operation. This is also evident by the current and historical utilizations of the other area facilities that NANI refers patients to, which are Fresenius Bolingbrook, Naperville, Downers Grove and Plainfield.

There is an approximate 12% loss of dialysis patients due to death or transplant yearly. Further, the attrition rate takes into account patients who move from the area, exit in-center for home dialysis or are dialyzed in a nursing home.

Criterion 1110.234 – Unfinished Shell Space

1. The proposed unfinished shell space amounts to 2,000 gross square feet.
2. The total 2,000 gross square feet of unfinished shell space will be clinical space to include the proposed relocation of 15 stations from Fresenius Medical Care Naperville in 2014.
3. The shell space will be constructed to keep dialysis access available to the Naperville area ESRD patients by allowing the readily available space to be the relocation site for the 15 stations at the Fresenius Naperville facility when its lease expires. The area has seen high historical growth of ESRD patients as noted below.
4. There has been a 10% annual average growth rate over the past five years. Without the additional 16 stations for the proposed Naperville facility the utilization in 2014, when the shell space will be operational, will be 122%.

Five Year Utilization Data

Facility	Stations	Renal Network Patients						Current Utilization
		2006	2007	2008	2009	2010	Mar-11	
Fresenius Bolingbrook	24	99	93	95	97	116	114	79%
Fresenius Naperville	15	83	78	86	90	81	83	92%
Fresenius Naperville North	14	1	15	33	52	67	68	81%
Fresenius Downers Grove	19	103	104	103	102	105	103	90%
Fresenius Plainfield	12	-	-	-	2	52	57	79%
Total	84	286	290	317	343	421	425	84%

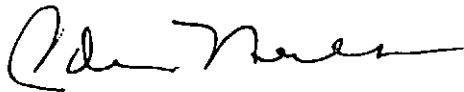
10% Average Annual Percentage Rate between 2006 and 2010

Projected Patients	2011 Stations	2014 Projected Patients				2014 Utilization
		2011	2012	2013	2014	
	84	463	509	560	616	122%

Criterion 1110.234 – 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 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Naperville, I certify the following:

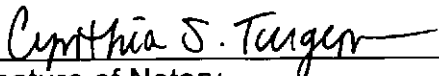
1. Fresenius Medical Care will submit a CON application to IHFSRB to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of services involved.
2. It is estimated that a CON application to develop and utilize the unfinished shell space will be submitted by January 2013.
3. The anticipated date that the shell space will be completed and operational is March 2014.



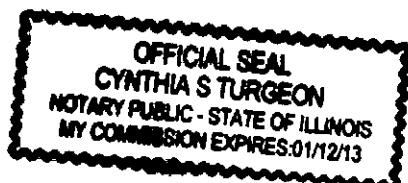
Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 24th day of JUNE, 2011


Signature of Notary

Seal



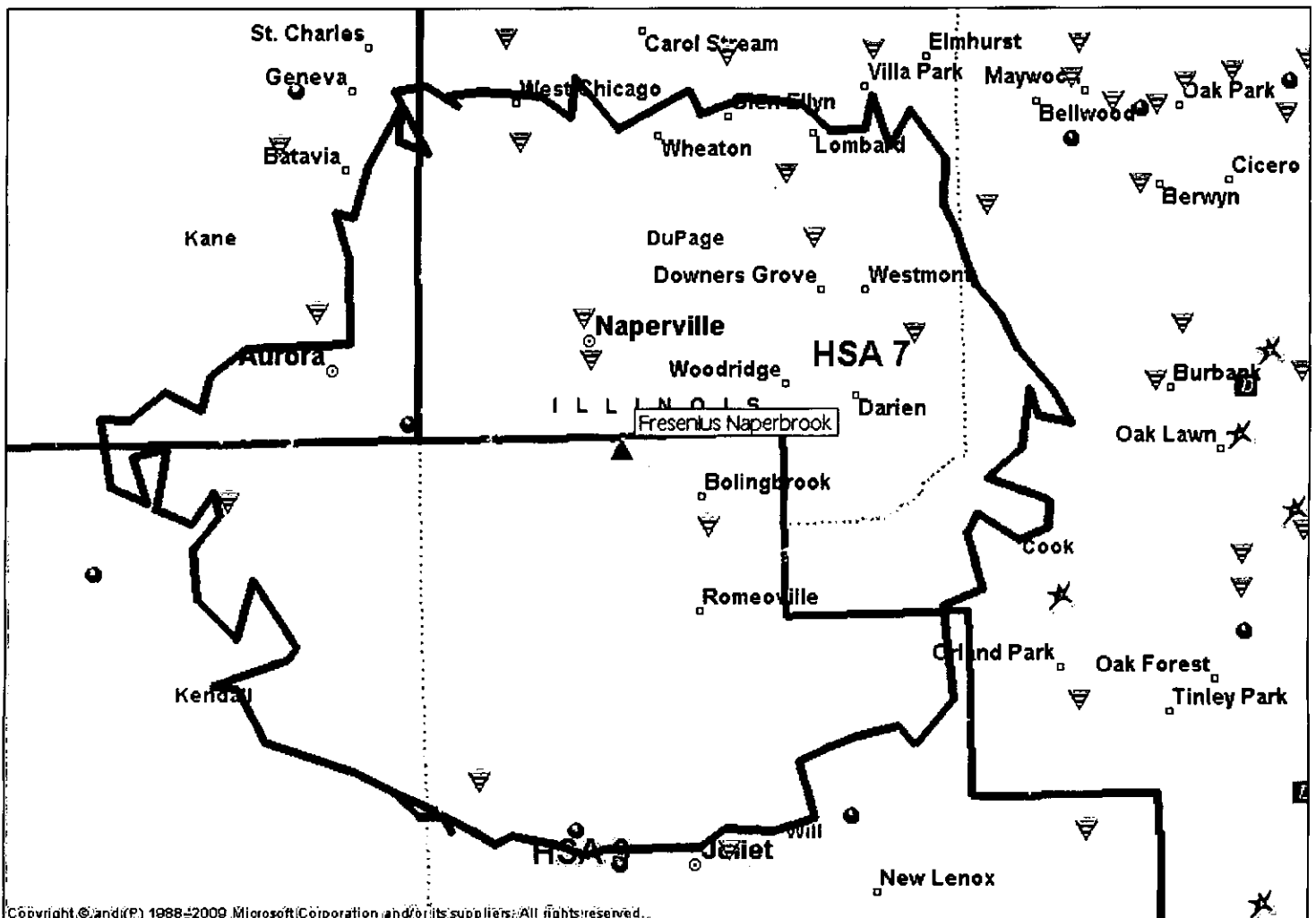
4.7

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care Naperville dialysis facility is located in Naperville. While the majority of Naperville lies in HSA 7, the portion of Naperville where the facility will be established lies just over the border into Will County, which is HSA 9, and is comprised of Will, Kendall, Grundy and Kankakee counties. According to the June 2011 station inventory there is an excess of 55 stations in this HSA.

Fresenius Medical Care Naperville in relation to HSA 7 & HSA 9



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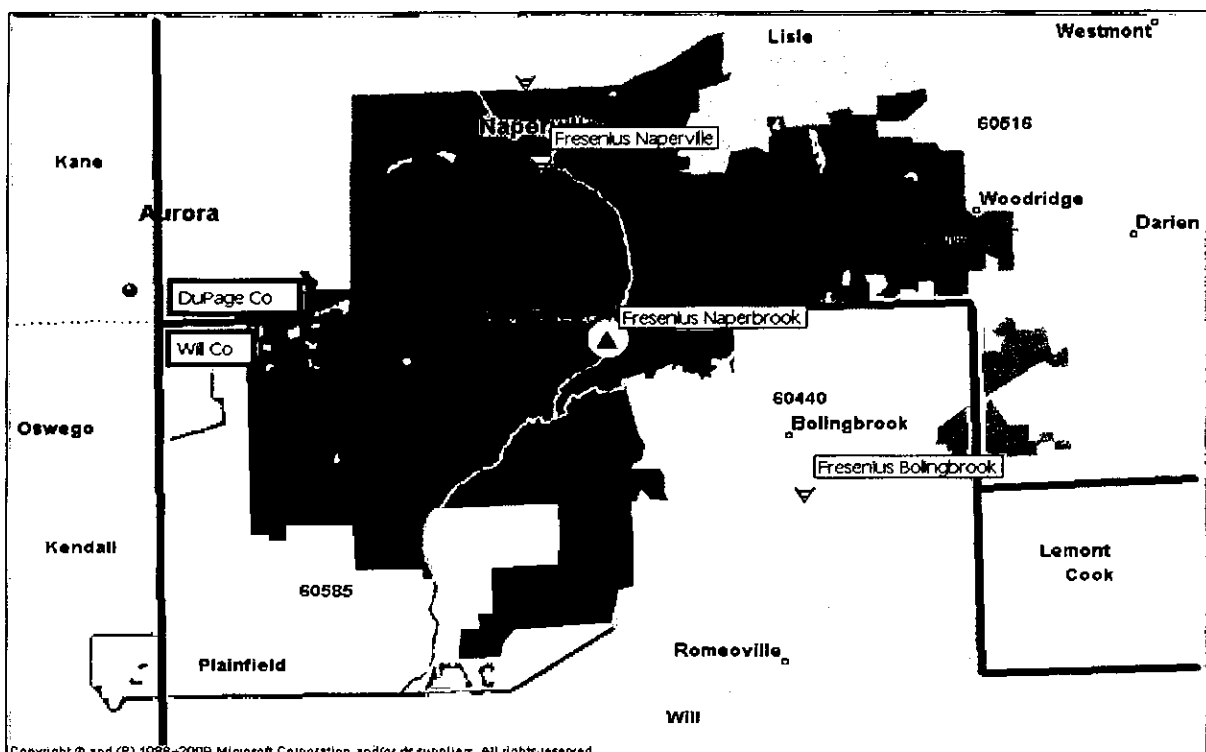
2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Naperville and Bolingbrook. The site chosen for the facility is in Naperville (DuPage County) but lies in a small southwest section that falls in Will County. The facility is on the border of Will and DuPage Counties and is midway between the highly utilized Fresenius Naperville and Bolingbrook facilities. Due to its location it will be serving HSA 9 & 7 almost equally.

Breakdown of Zip Codes/County

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Naperbrook
Will	9	106 – 50.48%
DuPage	7	104 – 49.52%

Zip Code	Patients	County
60440	57	Will
60490	10	Will
60516	36	DuPage
60517	29	DuPage
60540	26	DuPage
60564	19	Will
60565	26	1/2 Will and 1/2 DuPage
60585	7	Will
Total	210	



June 23, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) in the Naperville/Bolingbrook area and am the Medical Director of the Fresenius Bolingbrook Dialysis Center. Over the past ten years I have seen this area grow exponentially not only in population but with End Stage Renal Disease patients. The facilities in this market area are continually operating at high utilizations despite expansions. I along with my partners, Dr. Reddy, Dr. Rohail, and Dr. Kumar are in full support of the 16 station Naperbrook facility in southwest Naperville to serve these combined growing communities.

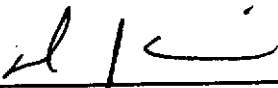
These facilities have experienced an overall average mortality rate over the past three years of approximately 6% of total patients treated at the facility over a one year period and an average 3% transplant rate based on the same number of patients.

The NANI practice in the Bolingbrook/Naperville/Downers Grove/Plainfield area was treating 127 in-center patients at the end of 2008, 125 in-center patients at the end of 2009, 154 in-center patients at the end of 2010 and 159 in-center patients at the end of the 1st quarter 2011, as reported to The Renal Network. These patient counts do not include the numerous patients we also have on the various home dialysis modalities and in area nursing homes. Over the past twelve months my partners and I have admitted 61 hemodialysis patients to Fresenius Bolingbrook, Naperville, Plainfield and Downers Grove. NANI has 210 patients in stages 3 & 4 of End Stage Renal Disease in the vicinity of the Naperbrook facility. I expect that 147 of them will begin dialysis at Naperbrook within 2 years after its opening.

I therefore urge the Board to approve the 16 station Fresenius Medical Care Naperbrook facility to alleviate the high utilization in this area and allow access to dialysis treatment for the continuing growth of the ESRD population. Thank you for your consideration.

Notarized 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.

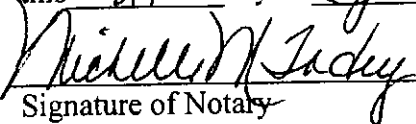
Sincerely,



David Schlieben, M.D.

Notarization:

Subscribed and sworn to before me
this 24 day of June, 2011



Signature of Notary

Seal



**PRE - ESRD PATIENTS NANI EXPECTS TO REFER TO FRESENIUS MEDICAL CARE
NAPERBROOK WITHIN 2 YEARS AFTER THE OPENING OF THE FACILITY**

Zip Code	Dr. Kumar		Dr. Kumar Total	Dr. Reddy		Dr. Reddy Total	Dr. Rohail		Dr. Rohail Total	Dr. Schlieben		Dr. Schlieben Total	Total
	Stage 3	Stage 4		Stage 3	Stage 4		Stage 3	Stage 4		Stage 3	Stage 4		
60440	2	1	3	6		6	20	6	26	19	3	22	57
60490				2		2	4	1	5	3		3	10
60516	16	3	19	10	4	14				2	1	3	36
60517	8	1	9	4	4	8	2	1	3	8	1	9	29
60540	4		4				4	1	5	14	3	17	26
60564	1		1	1	1	2	2	1	3	8	5	13	19
60565				1	1	2	4	1	5	15	4	19	26
60585	1		1				2		2	4		4	7
Total	32	5	37	24	10	34	38	11	49	73	17	90	210

**IN-CENTER HEMODIALYSIS ADMISSIONS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA NANI
PRACTICE FOR THE PREVIOUS TWELVE MONTHS
06/01/10 through 05/31/2011**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville	Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	Dr. Rohail	
60056			1						1
60126				1					1
60148					2	1			3
60153				1					1
60187							1		1
60402							1		1
60439			1	1					2
60440	3	3	1	12	1				20
60441				1					1
60442				1					1
60446		1	1	2				1	5
60447								1	1
60490			1	1					2
60491		1							1
60505						1			1
60515					1	1			2
60516					2	1			3
60517	1								1
60527					1				1
60532					1		1		2
60544				1				2	3
60559						1			1
60563							1		1
60565				1					1
60585			1						1
60586								1	1
60618				1					1
60634			1						1
Total	4	5	7	23	8	5	4	5	61

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2008**

Zip Code	Fresenius Bolingbrook			Fresenius Downers Grove		Fresenius Naperville	Total
	Dr. Kumar	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	
60126					1		1
60130				1			1
60134				1			1
60137				2			2
60148				2	1		3
60181				1			1
60432	1	1					2
60433			1				1
60435			2				2
60439			1				1
60440	12	2	28			1	43
60441				1			1
60446	4	1	12				17
60481			1				1
60490	1		1				2
60491			1				1
60504			1				1
60515			1	4	1		6
60516			2	1	1		4
60517	2		5		1	1	9
60521					1		1
60525			1				1
60527				1			1
60532				2		1	3
60540						2	2
60544	4		4				8
60555						1	1
60559	1			2			3
60561			1				1
60563			1				1
60565	1						1
60585				1			1
60586			1			1	2
60609			1				1
Total	26	4	65	19	6	7	127

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2009**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	
60108				1				1
60130					1			1
60137					3			3
60148						1		1
60149					1			1
60181					1			1
60187							1	1
60189					1			1
60432	1		1					2
60433				1				1
60436				1				1
60439		1				1		2
60440	8	1	4	30		1		44
60446	3	1	1	9				14
60490	1			1				2
60491				1				1
60515				1	1	2		4
60516				2	1	2		5
60517	3			3	2		1	9
60521						1		1
60527					1	1		2
60532					3			3
60540							1	1
60544	2		1	5				8
60555							1	1
60559	1				1	1		3
60561						2		2
60563				1				1
60564							1	1
60565	1							1
60585			1		1			2
60586				1			1	2
60609				1				1
60625				1				1
Total	20	3	8	59	17	12	6	125

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2010**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville		Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Rohail	
60056			1							1
60126									1	1
60130					1					1
60137					1					1
60148					2					2
60169				1						1
60181					1	1				2
60189					1					1
60403									1	1
60432	1								1	2
60433				1						1
60436				1						1
60439		1	1							2
60440	10	2	4	37		1	1	1		56
60446	2	2	2	10					2	18
60490	1		1	2						4
60491		1								1
60504								1		1
60515					3	3				6
60516				2	3					5
60517	4			4	1			1		10
60527					1					1
60532					3			1		4
60540								1		1
60544	2		1	5					5	13
60555								1		1
60559	1					2				3
60561						2				2
60563	1			1				1		3
60564								1		1
60565	1									1
60585			1		1					2
60586				1					1	2
60618				1						1
60634			1							1
Total	23	6	12	66	18	9	1	8	11	154

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE FOR MARCH 31, 2011**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville		Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Rohail	
60056			1							1
60126									1	1
60130					1					1
60137					1					1
60148					3	1				4
60169				1						1
60181					1					1
60187								1		1
60189					1					1
60402								1		1
60403									1	1
60432	1								1	2
60433				1						1
60436				1						1
60439		1	3							4
60440	8	2	5	38	1	1	1			56
60446	1	3	2	10					3	19
60490	1		1	3						5
60491		1								1
60504								1		1
60505						1				1
60515					3	3				6
60516				2	2					4
60517	3			4				1		8
60527					1					1
60532					3	1		1		5
60540								1		1
60544	2		1	5					5	13
60555								1		1
60559						2				2
60561						2				2
60563	1			1				1		3
60564								1		1
60565	1									1
60585			1		1					2
60586				1					1	2
60618				1						1
60634			1							1
Total	18	7	15	68	18	11	1	9	12	159

Service Accessibility – Service Restrictions

Fresenius Medical Care Naperville is being established to accommodate dialysis patients in the Naperville/Bolingbrook market area. Fresenius Medical Care Naperville is located in HSA 9 which consists of Will, Kankakee, Kendall and Grundy Counties. It should be noted that the location chosen for the facility lies almost on the border of Will and DuPage counties. DuPage County is in HSA 7. While dialysis services exist in the area, utilizations in the Naperville/Bolingbrook are high and due to this access is restricted with regards to facility choice and shift choice. The overall utilization within 30 minutes travel time of those facilities is 79%. In the Bolingbrook and Naperville facilities (populations to be served by the Naperville facility) area utilization is 83%.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS NAPERBROOK

Facility	Address	City	Zip Code	MapQuest		Adjusted Time	Stations	1st Qtr 2011	
				Miles	Time			Patients	Utilization
Fresenius Naperville	100 Spalding Dr	Naperville	60540	3.75	8	9	15	83	92.2%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	5.2	9	10	24	114	79.2%
Fresenius Naperville North	516 W 5th Ave	Naperville	60563	5.12	12	14	14	68	81.0%
Fox Valley	1300 Waterford Dr	Aurora	60504	9.57	15	17	26	135	86.5%
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	60527	13.09	20	23	16	82	85.4%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	14.28	23	26	19	103	90.4%
Fresenius Plainfield	2320 Michas Drive	Plainfield	60586	13.86	24	28	12	57	79.2%
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	14.72	24	28	16	74	77.1%
Fresenius Lombard*	1940 Springer Dr	Lombard	60148	14.23	24	28	12	3	4.2%
Silver Cross West	1051 Essington Rd	Joliet	60435	14.42	25	29	29	148	85.1%
Fresenius Oswego	1051 Station Drive	Oswego	60543	18.01	26	30	11	53	80.3%
Totals							194	920	79.0%

Fresenius Lombard did not have first quarter Renal Network data available, however the facility opened December 2, 2010 and has now been certified. The facility had three patients as of March 31, 2011.

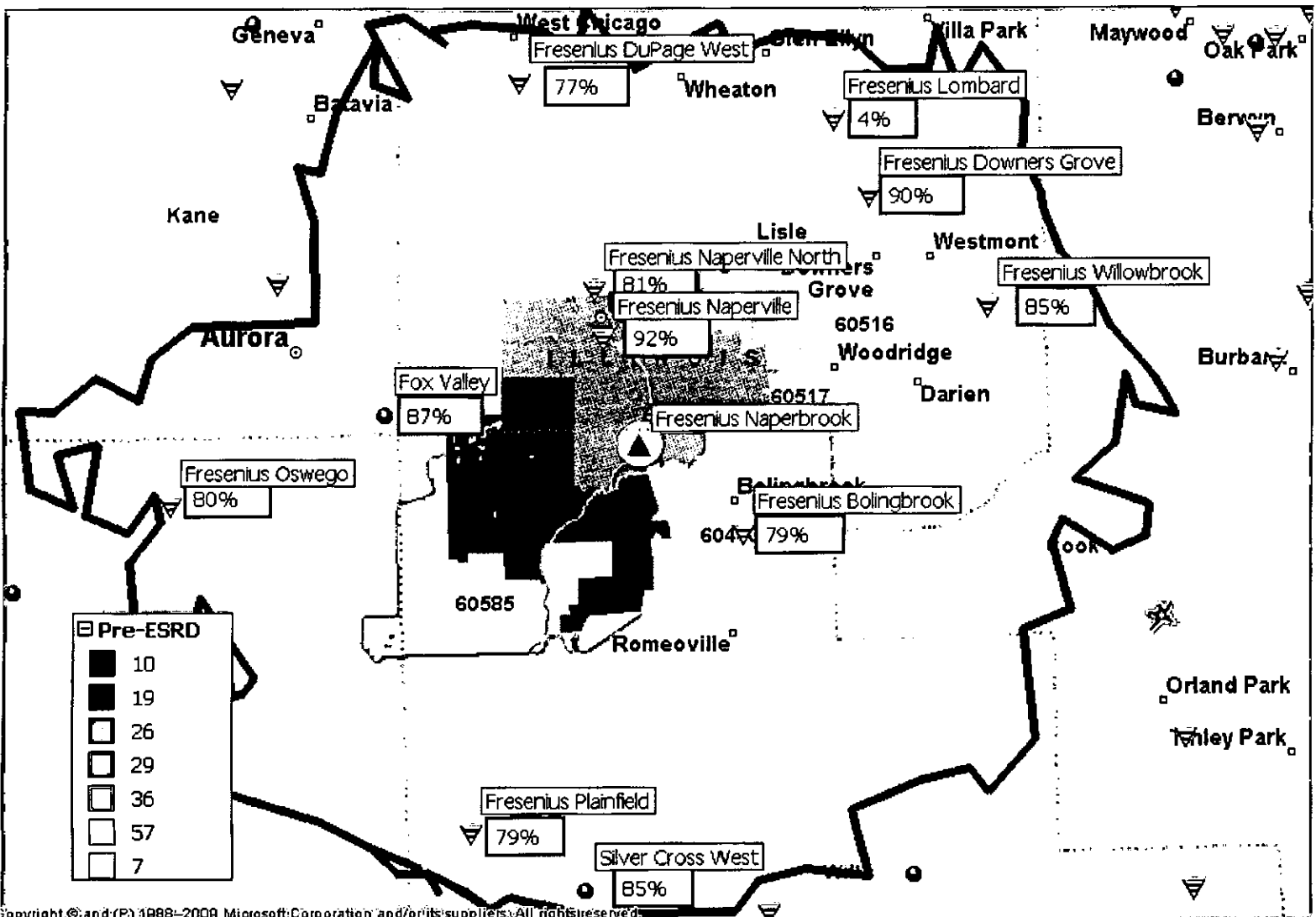
These facilities were found to be over 30 minutes travel time as adjusted.						
Sun Health	2121 W Oneida St	Joliet	60435	14.23	27	31
Fresenius Aurora	455 Mercy Ln	Aurora	60506	14.71	28	32
Fresenius West Chicago	1859 N Neltnor	West Chicago	60185	17.96	29	33
New Silver Cross Hospital	1788 N Silver Cross Blv	New Lenox	60432	20.07	30	35
Fresenius Joliet	721 E. Jackson Street	Joliet	60432	15.67	31	36
Fresenius Westchester	2400 Wolf Road	Westchester	60154	20.08	31	36

As can be seen in the above chart only 4 of the 11 facilities are operating below 80% and two of these are less than one patient away from being at 80%. This leaves the DuPage West facility, which is only 3 patients away from being at 80% and Fresenius Lombard. Fresenius Lombard was recently certified and was established to serve the Downers Grove/Lombard area and to alleviate high utilization at the Downers Grove facility (90.4%). As well patients were identified by Dr. Julka to bring that facility to 80% by the end of the second year of operation.

It can be clearly seen that this area is in need of additional stations to serve current dialysis patients who require a more accommodating shift to dialyze on and for the future ESRD patients. When facilities operate at such high utilization levels, shift choice for the patient can become non-existent. The "choice" shift is the mid-day shift and then the early morning shift. The last shift of the day, on average, begins between 3-4:30p.m. and ends between 7-8:30p.m. Dialyzing at this hour leaves these patients with fewer transportation choices since county/township medical car transportation services do not operate after 4p.m.

Transportation in itself is a major hurdle for the dialysis patient. These patients require treatment three times a week and if not able to drive themselves, have to rely on friends or family members for rides. If the friend or family member cannot stay and wait the 4-5 hours the patient is receiving treatment they then are required to make two round trips a day or six per week. If the facility is near 30 minutes away, this amounts to 2 hours travel time a day or 6 hours a week. This pattern continues not just occasionally like many other health services, but for the life of the patient. This can create hardships on the friends and family members who may have jobs/families of their own to consider. For these reasons, it is imperative for the dialysis patient to have treatment close to home.

FACILITIES WITHIN 30 MINUTES AND DEMOGRAPHICS OF THE PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE NAPERBROOK



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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

Zip Code	Population	Stations	Facility
60137	38,026		
60148	50,460	12	Fresenius Lombard
60185	32,936	16	Fresenius DuPage West
60187	61,481		
60189	55,416		
60190	12,065		
60403	13,329		
60431	23,392		
60432	21,431		
60435	52,542	29	Silver Cross Renal West
60439	20,004		
60440	46,546	24	Fresenius Bolingbrook
60441	49,103		
60446	20,141		
60480	4,758		
60490	9,263		
60504	44,412	26	Fox Valley Dialysis
60505	56,971		
60510	26,565		
60514	17,313		
60515	27,514	19	Fresenius Downers Grove
60516	30,593		
60517	31,344		
60521	37,496		
60523	10,231		
60525	32,475		
60527	8,967	16	Fresenius Willowbrook
60532	27,341		
60540	42,065	15	Fresenius Naperville
60543	18,769	11	Fresenius Oswego
60544	44,284		
60555	13,852		
60559	25,954		
60561	23,570		
60563	31,405	14	Fresenius Naperville North
60564	32,206		
60565	40,640		
60586	13,038	12	Fresenius Plainfield
Totals	1,147,898	194	1/5,917

radius of Fresenius Naperbrook is 1 station per 5,917 residents according to the 2000 census (based on 1,147,898 residents and 194 stations. The State ratio is 1 station per 3,526 residents (based on US Census 2010 of 12,830,632 Illinois residents and June 2011 Board stations inventory of 3,638).

According to the 2010 census, Will County was the fastest growing county in the State of Illinois increasing in population by 37%. Population by zip code for 2010 is not yet available however, this population growth undoubtedly would raise the actual current ratio far above the 2000 figures. This growth needs to be taken into consideration.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Naperbrook will not create a maldistribution of services in regard to there being excess availability. 7 of the 11 facilities within 30 minutes are above target utilization of 80%, of the remaining four 2 are one patient away from 80%, one is at 72% and the remaining facility, Fresenius Lombard just began operations. This facility was established to alleviate Fresenius Downers Grove (90% utilization) and to accommodate pre-ESRD patients of Dr. Julka from Good Samaritan Hospital.

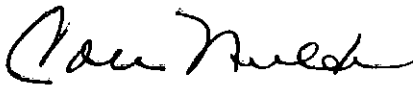
- 3A. Fresenius Medical Care Naperbrook will not have an adverse effect on any other area ESRD provider in that the patients identified for this facility are new pre-ESRD patients, The physicians supporting this project also refer patients to 8 of the 11 facilities within 30 minutes and will continue to do so per the patient's choice and place of residence.

- B. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility.

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 Naperbrook, I certify the following:

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



Signature

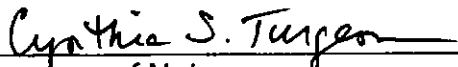
Coleen Muldoon

Printed Name

Regional Vice President

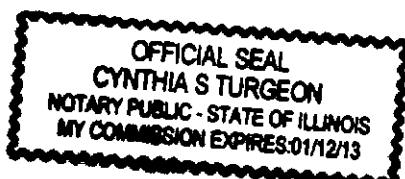
Title

Subscribed and sworn to before me
this 6th day of JUNE, 2011



Signature of Notary

Seal



Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Schlieben is currently the Medical Director for Fresenius Medical Care Bolingbrook. 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 Charge Nurse – 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.

David James Schlieben, M.D.

Medical Education

Rush Medical College of Rush University, Chicago, IL
09/1995 - 06/1999
Doctor of Medicine, 06/1999

Undergraduate Education

Creighton University, Omaha, NE
08/1990 - 12/1993
Bachelor of Science, *cum laude*, Biology

June: 12/93 → 9/95

Augustana College, Rock Island, IL
08/1989 - 05/1990

Fellowship Training

Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL
07/2002 - 06/2004
Nephrology

Internship/Residency

Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL
07/1999 - 06/2002
Internal Medicine

Licensure

American Board of Internal Medicine
08/2002
Diplomate in Internal Medicine

American Board of Internal Medicine
11/2004
Nephrology, Board Eligible

Honors

The Muehrcke Family Foundation Outstanding Student Nephrology Award
06/1999

Associations

Renal Physicians Association
07/2002 - Present

Leadership

American Medical Association/Illinois State Medical Society
4/1997 - 06/1999
Medical School Representative and Delegate to Annual Meeting

Rush Medical College Committee on Educational Appraisal
5/1996 - 6/1999
Student Representative

Volunteer Experience

St. Basil's Free People's Clinic
09/1995 - 06/1997
Student Clinician

Presentations

Nephrology Grand Rounds
07/2002 Hepatorenal Syndrome
10/2002 Evaluation and Management of Calcium-Based Nephrolithiasis
01/2003 Diabetes Insipidus
05/2003 Antineutrophil Cytoplasmic Antibodies
06/2003 Hemodialysis Biocompatibility
07/2003 Molecular Mechanisms of Post-Streptococcal Glomerulonephritis
09/2003 Pathogenesis of IgA Nephropathy

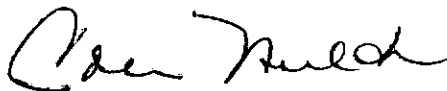
Research

Schlieben, D., Korbet, S.M., Lewis, E.J., *Placental Transmission of Pathogenic Antineutrophil Cytoplasmic Antibodies*
Abstract presented at American Society of Nephrology 2003 Annual Meeting

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:

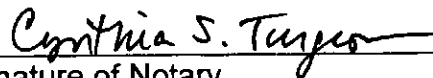
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its new facilities.
- These support services are will be available at Fresenius Medical Care Naperbrook during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical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



Signature

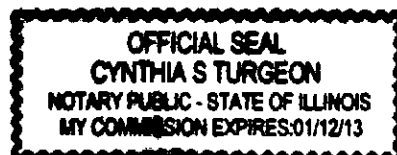
Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 6th day of JUNE, 2011



Signature of Notary

Seal



65

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Naperville 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 Naperville will have sixteen dialysis stations thereby meeting this requirement.

**PATIENT TRANSFER AGREEMENT BETWEEN
EDWARD HOSPITAL AND FRESENIUS MEDICAL CARE
OF NAPERVILLE NORTH**

This Agreement is made and is effective as of the 27th day of October, 2010 by and between **Fresenius Medical Care Naperville** ("**Fresenius-Naperville**") and **Edward Hospital** ("**Hospital**"), located at 801 S. Washington Street, Naperville, IL 60540.

Whereas, **Fresenius-Naperville** has submitted a Certificate of Need application to the Illinois Health Facilities Planning Board for approval of a free standing renal dialysis center (the "Center") for treatment of patients with end-stage renal disease to be located in Naperville, Illinois;

Whereas, **Edward Hospital** operates an Illinois licensed acute care hospital (the "Hospital") located in Naperville, Illinois; and

Whereas, in connections with the above Certificate of Need approval, **Fresenius-Naperville** and **Edward Hospital** desire to enter into this transfer agreement to assure continuity of care and treatment appropriate for patients receiving dialysis services at the Center (the "Center Patients") who are determined to be in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, **Fresenius-Naperville North** and the **Hospital** hereby agree as follows:

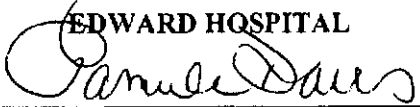
1. When it is determined by the Center that a Center Patient is in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital, and when a Hospital physician accepts transfer of a Center Patient, then Hospital agrees to accept such a patient transfer as promptly as possible provided that transfer requirements are met and adequate staff and bed space to accommodate such a patient are available. **Fresenius-Naperville North** will be responsible for the transfer of the Center Patient, including arranging for appropriate transportation and care of the patient during the transfer.
2. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in rendering services hereunder, to foster the prompt effective evaluation, treatment and continuing care of recipients of these services.
3. The parties agree that that services provided by each party in connection with this Agreement will be provided in conformity with all applicable federal, state, and local laws, standards, rulings, ore regulations. This shall include the obligation to comply with all State of Illinois and federal laws and regulations governing the confidentiality and release of patient medical record and health information, including, but not limited to, the privacy standards of Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder. The parties also agree to comply with the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").
4. Charges for services performed by either institution in connection with this Agreement shall be collected by the institution rendering such services directly from the patient, third party payor or other sources normally billed by the institution. Neither party shall have any liability to the other party for such charges.
5. Each party acknowledges the non-exclusive nature of the Agreement, and nothing in this agreement shall be construed as limited the right of either party to contract under similar agreements with any other institution while this Agreement is in effect.

6. The relationship between Fresenius-Naperville North and the Hospital shall be that of independent contractors. The governing body of each institution shall have exclusive control of policies, management, assets, and affairs of its respective institution. Neither institution shall assume any liability by virtue of this Agreement for any debts or other obligations of a financial or legal nature incurred by the other institution. Each part will maintain professional and general liability insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement, or from the acts or omissions of any of their respective officers, directors, employees or agents. Such insurance shall be maintained at such minimum levels as are determined to be mutually acceptable. In the event that such insurance is not on an "occurrence basis" and is canceled or terminated, the party cancelling or terminating such insurance shall at all times, including without limitation, after the expiration and termination of this Agreement for any reason, maintain continuing insurance coverage for such cancelled policy of insurance through the purchase of "prior acts" coverage with a subsequent policy of insurance, which provides for a retroactive date of coverage equal to the retroactive date of the insurance policy that was cancelled or terminated, the purchase of an extended reporting endorsement or "tail coverage" for the policy that was cancelled or terminated, or such other method which assures continuing coverage. Each party shall provide the other party with a certificate of insurance or other reasonable evidence that the insurance coverage requirements of this Agreement have been met. Such evidence shall be provided upon the execution of this Agreement, and thereafter in the event of any modification or change in coverage, or upon the other party's request. Each party shall notify the other party in writing at least thirty (30) days prior to cancellation, modification, or non-renewal of its liability coverage. Each party shall notify the other in writing within fifteen (15) days after any notice is received of cancellation or non-renewal of its liability coverage.
7. The parties agree to assume the risk of liability for and to indemnify and hold each other and their respective officers, agents, and employees harmless from and against all claims, causes of action, damages, suits, judgments, liabilities, losses, and expenses, including damages for the death of any person or persons and damages to any property ("Losses"), resulting from, arising out of, or connected with the negligent acts or omissions of their respective employees and agents. This covenant shall survive any termination of this Agreement.
8. **The term of the Agreement shall be one year from the date of execution, and shall automatically renew for successive one (1) year periods thereafter unless terminated as follows:**
 - i. Either party may terminate this Agreement at any time, without cause, upon ninety (90) days advance written notice to the other party;
 - ii. In the event that either party notifies the other party in writing that the other party has materially defaulted in the performance of any obligation under this Agreement, and the other party fails to cure such default within thirty (30) days following the receipt of such written notice, or such other longer time as may be mutually agreed to by the parties in writing. Any such notice of default shall include a reasonable description or explanation of the nature of the default. All notices, requests, demands, and other communications required or permitted hereunder shall be in writing and shall be deemed to have been duly delivered then (10) days after date of mailing via regular mail, or sooner upon presentation of adequate proof of earlier delivery, if delivered in person or if sent via overnight courier or by registered, or certified, first class mail, postage prepaid. Notices shall be sent to the signatories to this Agreement, with a copy to the Pediatric Intensive Care Medical Director at the respective institutions.
9. This Agreement shall automatically terminate without regard to notice upon the date that either party to this Agreement:
 - a) Ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services;
 - b) Fails to renew, has suspended, or revoked any necessary licensure to provide health care services in the State of Illinois; or
 - c) Either party dissolves or ceases its operations as an acute care hospital in the State of Illinois or files a petition in bankruptcy or is adjudicated bankrupt.

10. In providing services under this Agreement, each party agrees not to discriminate on the basis of race, color, sex, age, religion, national origin, handicap or any other legally prohibited factor.
11. This Agreement constitutes the entire agreement between the parties hereto, and there are no representations, warranties, or prior understandings except as expressly set forth herein. Neither this Agreement nor any term or provision hereof may be changed, waived, discharged, terminated or otherwise modified, except in writing executed with the same formalities as this Agreement. This Agreement shall be deemed to have been made and shall be construed and interpreted in accordance with the laws of the State of Illinois.
12. Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.
13. The waiver by any party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions.
14. If any provision of this Agreement, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Agreement or the application of such provision to any person or circumstance other than those to which it is held invalid, shall not be affected thereby, each of such provisions being severable in any such instance.

IN WITNESS WHEREOF, the Agreement has been executed by the parties on the date first written above.

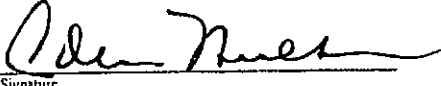
EDWARD HOSPITAL

By: 
Signature

Name Printed: Pamela Davis

Title: President/CEO

FRESENIUS-NAPERBROOK

By: 
Signature

Name Printed: Coleen Muldoon

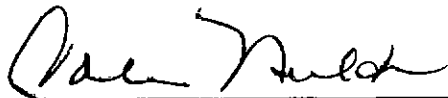
Title: Regional Vice President

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 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Naperbrook, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Naperbrook in the first two years of operation, the facility will achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 92% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

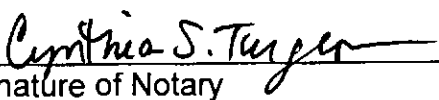
and same is expected for Fresenius Medical Care Naperbrook.



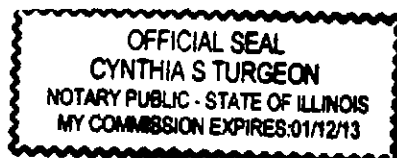
Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 6th day of JUNE, 2011


Signature of Notary

Seal



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, 1066FSB (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, 1x08FP BLK OptiPlex, Precision and Latitude (320-7682)		
Video Card:	Integrated Video, GMA 4500, Dell OptiPlex 760 and 980 (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 OVD-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 (313-6414)		
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 (366-1556)
	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/qto

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



Cushman & Wakefield of
Illinois, Inc.
455 N. Cityfront Plaza Drive
Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

June 7, 2011

Chad Middendorf
Naperbrook 1.5 LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

RE: **Fresenius Medical Care Dialysis Center
Letter Of Intent**

Dear Chad,

Cushman & Wakefield has been exclusively authorized by Fresenius Medical Care (FMC) to secure proposals and assist them in negotiations regarding the acquisition of leased space in the Naperville area. Of the properties we will analyze, your site has been identified as one that potentially meets the necessary requirements. At this time, we are pleased to provide the following Letter Of Intent.

Fresenius Medical Care is the world's leading provider of dialysis products and services. It manages in excess of over 2,500 kidney dialysis clinics and 50 billing centers and regional offices throughout North America. You can visit their website for financial information and highlights at www.fmca.com.

Please prepare the proposal to correspond to the following terms and conditions:

OWNERSHIP:

Brushy Creek LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

LOCATION:

2451 S. Washington Street
Naperville, IL

**INITIAL SPACE
REQUIREMENTS:**

Approximately 10,000 rentable square feet.

HOURS OF OPERATION:

Please be advised that FMC may have employees and /
or patients on site 24 hours per day 6 days per week.
FMC is not open on Sundays.

PRIMARY TERM:

Twelve (12) years.

POSSESSION DATE:

FMC will have the right to take possession of the
premises upon approval of the Certificate of Need to
complete its necessary improvements. FMC will need a
minimum of 90 days to build out the premises.

COMMENCEMENT DATE:

90 days after Possession.

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.

OPTION TO RENEW: FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates. Please identify the terms of any option to renew.

RENTAL RATE: \$23.75 NET NET.

ESCALATION: Rent shall escalate 10% in lease year 6 and lease year 11.

COMMON AREA EXPENSES AND REAL ESTATE TAXES: Tenant shall be responsible for all associated Tax & Operating Expenses.

TENANT IMPROVEMENTS: FMC shall not be required to remove their tenant improvements at the end of the term.

DEMISED PREMISES SHELL: Tenant shall accept the premises in its "as-is" condition.

FIRE SUPPRESSION: N/A

SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS: FMC will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.

PARKING: Tenant shall have use of all associated parking.

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: Suzanne Thorsen, AICP, Community Planner (thorsensu@naperville.il.us p: 630.420.6080 f: 630.420-6657 1 400 S. Eagle Street Naperville, IL 60540) has indicated that "medical office" falls under the office zoning.

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.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

A Phase I shall be completed on the premises.

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 does not expect to receive a CON permit prior to October 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 October 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.

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.

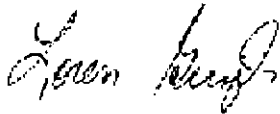
BROKERAGE FEE:

Per separate agreement.

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.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this 20 day of June, 2011

By: 

Title: Regional Vice President

AGREED AND ACCEPTED this ___ day of _____, 2011

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.

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.

2010 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #11-022, Fresenius Medical Care Lockport 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			8,000			1,044,000	1,044,100
Contingency		13.05			8,000			104,400	104,400
TOTALS		143.55			8,000			1,148,100	1,148,100

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries	\$620,860
Benefits	155,215
Supplies	<u>131,866</u>
Total	\$907,941

Annual Treatments 12,012

Cost Per Treatment \$75.59

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

Year 2014

Depreciation/Amortization	\$143,252
Interest	<u>0</u>
CAPITAL COSTS	\$143,252

Treatments: 12,012

Capital Cost per treatment \$11.93

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Naperbrook, 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: *Marc Lieberman*
Title: Marc Lieberman
Asst Treasurer

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

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

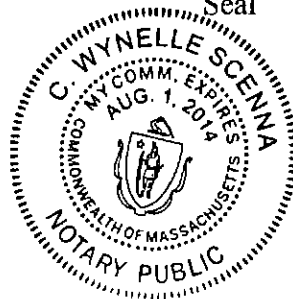
Notarization:
Subscribed and sworn to before me
this 13 day of June, 2011

Signature of Notary

C. Wynelle Scenna
Signature of Notary

Seal

Seal



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: [Signature]
ITS: Marc Lieberman
Asst Treasurer

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

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 13 day of June, 2011

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Naperville, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning 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: *Marc Lieberman*

ITS: Marc Lieberman
Asst Treasurer

By: *Mark Fawcett*

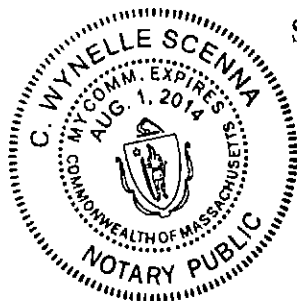
ITS: Mark Fawcett
~~Vice President & Treasurer~~

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 13 day of June, 2011

Signature of Notary *C Wynelle Scenna* Signature of Notary

Seal



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: *Marc Lieberman*

ITS: Marc Lieberman
Asst Treasurer

By: *Mark Fawcett*

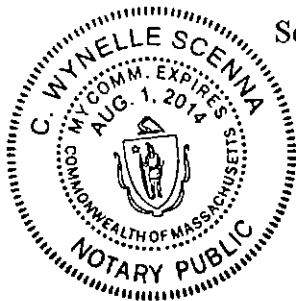
ITS: Mark Fawcett
Vice President & Asst. Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 13 day of June, 2011

Signature of Notary *C Wynelle Scenna* Signature of Notary

Seal



Seal

Safety Net Impact Statement

The establishment of the Fresenius Medical Care Naperville dialysis facility will not have any impact on safety net services in the Naperville community. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius provides care to all patients regardless of their ability to pay. There are a number of patients treated by Fresenius who either do not qualify for or will not seek any type of coverage for dialysis services. These patients are considered "self-pay" patients. These patients are invoiced as all patients are invoiced, however payment is not expected and Fresenius does not initiate any collections activity on these accounts. These unpaid invoices are written off as bad debt. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table below shows the amount of "self-pay" care provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois and the amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois. This includes in-center hemodialysis, peritoneal dialysis, home hemodialysis & sub-acute hemodialysis. (data by facility on next page)

SAFETY NET INFORMATION			
CHARITY CARE			
	2008	2009	2010
Charity (# of self-pay patients)	305	260	146
Charity (self-pay) Cost	3,524,880	362,751	1,307,966
MEDICAID			
	2008	2009	2010
Medicaid (Patients)	1,626	1,783	1,828
Medicaid (Revenue)	37,043,006	40,401,403	44,001,539

There is no other information directly relevant to safety net services.

CHARITY CARE BY FACILITY

Facility	2008		2009		2010	
	Charity Patients	Charity Cost	Charity Patients	Charity Cost	Charity Patients	Charity Cost
CARBONDALE	2	2,500	2	20,723	0	11,262
NORTHCENTER	1	30,407	2	34,727	3	22,117
BRIDGEPORT	6	99,428	11	118,493	2	10,991
POLK	3	51,467	4	60,738	1	26,376
EVERGREEN PARK	4	23,541	10	140,975	4	52,782
GURNEE	3	67,702	0	29,403	2	8,329
HOFFMAN ESTATES	2	19,789	2	7,418	2	4,037
MELROSE PARK	0	0	1	5,156	0	0
MARQUETTE PARK	3	39,118	3	100,681	0	0
NORRIDGE	0	3,002	2	1,506	1	747
NORTH KILPATRICK	1	11,290	0	0	0	14,200
ROLLING MEADOWS	1	55,625	0	0	5	53,516
SOUTH CHICAGO	3	115,038	8	205,498	4	70,577
SOUTH HOLLAND	4	22,191	4	31,917	1	26,731
SOUTH SHORE	2	20,591	1	30,066	0	2,086
SOUTHWESTERN ILLINOIS	1	242	0	0	0	0
SALINE COUNTY	1	3,645	2	5,583	1	2,952
RANDOLPH COUNTY	0	0	2	1,219	3	8,913
WEST BELMONT	2	26,984	0	51,980	2	18,896
SUB ACUTES-CHICAGO	12	80,452	3	37,748	0	0
DU QUOIN	0	0	1	10,433	0	2,756
WILLIAMSON COUNTY	1	1,812	0	0	1	7,468
HAZEL CREST	3	53,440	1	9,226	1	6,303
ROUNDLAKE	4	57,640	2	44,165	1	255
AURORA	6	67,864	0	18,818	4	21,087
BOLINGBROOK	4	31,451	0	12,317	3	5,081
BLUE ISLAND	2	21,901	4	49,341	3	22,611
DUPAGE WEST	3	43,409	3	18,336	2	9,290
CHICAGO DIALYSIS CENTER	9	66,732	6	89,972	1	14,202
DOWNERS GROVE	3	31,380	1	4,878	2	56,124
ELK GROVE	9	75,105	2	29,711	4	12,642
ELK GROVE HOME	0	0	1	18,394	1	289
GLENVIEW DIALYSIS	4	18,692	1	19,974	1	10,095
GREENWOOD	9	46,374	5	62,205	4	42,481
JACKSON PARK	11	115,160	7	125,578	2	681
WESTCHESTER	3	56,641	0	0	0	0
NAPERVILLE	5	41,182	4	67,077	3	22,565
NORTH AVENUE	0	0	0	23,669	3	18,189
OAK PARK	5	40,346	2	32,752	2	1,487
SOUTHSIDE	9	209,871	8	129,554	3	34,459
WEST METRO	2	54,133	11	187,505	3	49,677
WEST SUBURBAN	4	34,283	5	65,129	3	34,504
ALSIP	2	9,960	0	0	0	0
AUSTIN	3	8,284	3	40,504	0	0
CONGRESS PARKWAY	2	63,900	2	46,511	1	3,760
GLENDALE HEIGHTS	4	81,125	5	35,089	3	3,681
WILLOWBROOK	3	23,477	0	10,815	0	0
BURBANK	3	63,286	5	185,201	2	12,597
OSWEGO	1	25,307	1	3,389	1	305
ANTIOCH	2	21,689	2	28,682	0	0
MCHENRY	3	26,941	4	57,292	1	1,332
LAKE BLUFF	5	54,948	3	17,317	1	1,112
NILES	3	55,817	3	37,442	0	0
CHICAGO WESTSIDE	4	77,512	3	46,548	0	0

Safety Net Impact Statement

ATTACHMENT 43

85

NAPERVILLE NORTH	2	18,437	1	48,627	0	0
LAKEVIEW	2	61,074	1	7,377	1	3,217
CHICAGO SUB ACUTE SOUTH	6	15,336	4	53,195	0	0
SOUTH SUBURBAN	10	92,140	15	148,380	8	64,049
ROGERS PARK	2	44,464	3	85,647	3	60,351
BERWYN	19	199,885	13	163,817	5	52,363
CRESTWOOD	9	59,373	3	17,034	4	84,179
ORLAND PARK	4	43,222	1	30,148	0	0
GARFIELD	5	97,761	3	45,903	2	14,915
EAST PEORIA	6	55,285	1	12,238	0	0
MC LEAN COUNTY	2	31,715	2	17,291	2	4,152
SPRING VALLEY	1	236	0	233	1	6,422
SPOON RIVER	3	14,971	1	9,033	1	8,835
PRAIRIE	5	25,383	3	32,357	3	15,634
PEKIN	0	0	0	0	2	4,721
PEORIA DOWNTOWN	2	13,799	1	10,980	2	11,301
OTTAWA	4	32,866	1	2,357	1	454
KEWANEE	0	0	0	0	1	20,619
MORRIS	0	0	1	11,267	0	29,076
NORTHWESTERN UNIVERSITY	12	89,528	9	58,416	3	21,695
DECATUR	0	0	0	0	0	0
DECATUR EAST HOME	1	282	5	18,622	0	0
PONTIAC	3	9,732	3	4,801	0	0
VILLA PARK	2	35,003	3	95,048	2	7,258
PEORIA NORTH	4	27,782	3	13,179	0	3,245
ROCKFORD	0	18,003	2	24,267	2	6,946
SKOKIE	0	0	1	4,508	1	2,698
EVANSTON	4	58,821	5	49,319	3	63,059
MC LEAN COUNTY HOME	1	2,144	1	3,971	2	6,544
FMS OTTAWA HOME	1	4,256	1	9,605	0	0
MERRIONETTE PARK HOME	0	1,792	0	0	0	0
MERRIONETTE PARK	0	0	2	28,882	1	9,936
UPTOWN CHICAGO	2	35,291	3	44,148	1	33,311
MIDWAY	0	0	0	0	0	0
WEST CHICAGO IL	0	0	3	24,152	0	0
MOKENA	1	544	1	16,250	1	1,012
ROSELAND	5	108,043	3	61,632	1	31,345
STREATOR	0	0	0	0	0	0
ROSS DIALYSIS - ENGLEWOOD	3	55,077	7	56,239	1	2,132
DUPAGE PD	2	19,961	2	14,011	1	0
HOME DIALYSIS NETWORK	0	0	0	0	0	0
MACOMB	0	0	0	0	0	0
DEERFIELD	0	0	0	0	0	0
SANDWICH JV	0	0	0	8,161	1	985
PLAINFIELD	0	0	0	0	1	494
JOLIET HOME	0	0	0	0	0	1,382
TOTAL	305	3,524,880	260	3,642,751	146	1,307,966

MEDICAID BY FACILITY

MEDICAID Facility	2008		2009		2010	
	Medicaid Patients	Medicaid Revenue	Medicaid Patients	Medicaid Revenue	Medicaid Patients	Medicaid Revenue
CARBONDALE	12	283,148	16	415,952	16	522,725
NORTHCENTER	15	405,569	20	558,533	24	594,242
BRIDGEPORT	40	1,180,753	54	1,248,522	56	1,497,867
POLK	32	925,431	23	834,213	30	931,482
EVERGREEN PARK	33	1,375,747	25	809,312	35	900,105
GURNEE	18	478,528	21	500,856	24	539,340
HOFFMAN ESTATES	15	336,993	18	409,503	27	625,205
MELROSE PARK	12	310,393	12	311,744	16	404,480
MARQUETTE PARK	21	648,670	22	588,349	27	693,007
NORRIDGE	5	89,895	12	233,683	11	280,710
NORTH KILPATRICK	22	545,259	29	584,295	35	628,314
ROLLING MEADOWS	13	262,758	17	413,596	21	565,024
SOUTH CHICAGO	47	1,027,670	46	1,236,396	52	1,409,444
SOUTH HOLLAND	18	422,618	15	365,421	15	453,076
SOUTH SHORE	29	794,571	27	658,469	22	499,015
SOUTHWESTERN ILLINOIS	2	52,064	4	89,559	5	151,753
SALINE COUNTY	9	153,579	14	204,043	8	131,145
RANDOLPH COUNTY	2	71,698	3	82,832	2	71,635
WEST BELMONT	22	664,716	26	661,051	28	863,976
SUB ACUTES-CHICAGO	34	572,566	23	271,619	0	0
DU QUOIN	4	118,815	5	121,331	3	58,717
WILLIAMSON COUNTY	7	155,810	8	101,072	5	96,058
HAZEL CREST	13	241,853	10	287,286	10	214,477
ROUNDLAKE	21	475,824	24	493,893	30	664,115
AURORA	15	282,952	13	340,956	23	409,254
BOLINGBROOK	14	369,776	15	302,564	16	391,443
BLUE ISLAND	18	520,857	19	639,785	20	587,079
DUPAGE WEST	14	340,246	17	478,342	23	619,706
CHICAGO DIALYSIS CENTER	54	1,701,836	52	1,611,952	51	1,527,810
DOWNERS GROVE	11	185,345	12	246,657	15	259,648
ELK GROVE	9	246,004	19	391,391	22	557,917
ELK GROVE HOME	3	65,936	4	56,185	6	86,193
GLENVIEW DIALYSIS	11	296,108	11	253,113	10	236,826
GREENWOOD	31	1,020,091	34	1,104,451	42	1,098,034
JACKSON PARK	60	1,763,376	50	1,611,563	60	1,851,859
WESTCHESTER	8	137,417	7	168,327	9	131,141
NAPERVILLE	6	77,624	8	115,372	6	119,920
NORTH AVENUE	21	391,879	21	458,432	22	506,854
OAK PARK	28	841,810	25	664,166	26	564,587
SOUTHSIDE	61	1,634,898	61	1,681,211	76	1,912,184
WEST METRO	63	1,747,068	67	2,010,301	76	1,962,013
WEST SUBURBAN	65	2,090,809	60	1,846,835	72	1,843,959
ALSIP	9	244,090	7	191,197	9	225,197
AUSTIN	13	332,346	19	528,817	27	671,506
CONGRESS PARKWAY	41	1,083,913	46	1,180,866	47	1,367,495
GLENDALE HEIGHTS	21	465,902	22	482,868	24	565,137
WILLOWBROOK	3	94,728	5	101,999	10	233,802
BURBANK	29	664,960	28	569,628	22	577,991
OSWEGO	7	98,019	7	143,557	5	122,456
ANTIOCH	2	10,824	7	43,266	16	287,398
MCHENRY	2	21,351	10	135,724	8	170,711
LAKE BLUFF	11	255,400	25	512,844	16	335,333

NILES	23	381,191	15	378,443	20	502,907
CHICAGO WESTSIDE	33	666,627	39	1,046,926	57	1,118,766
NAPERVILLE NORTH	4	62,580	10	141,891	11	165,756
LAKEVIEW	15	287,692	16	308,998	15	347,176
CHICAGO SUB ACUTE SOUTH	21	196,373	22	180,149	0	0
SOUTH SUBURBAN	25	354,674	33	394,309	26	507,127
ROGERS PARK	37	641,736	28	449,528	20	512,444
BERWYN	53	968,039	69	949,396	50	1,149,178
CRESTWOOD	19	272,090	19	326,320	14	299,259
ORLAND PARK	10	119,775	14	182,338	11	249,556
GARFIELD	42	784,977	48	844,222	38	974,577
EAST PEORIA	21	171,700	19	165,516	14	272,155
MC LEAN COUNTY	22	323,592	23	379,599	13	315,092
SPRING VALLEY	0	0	1	7,835	5	50,230
SPOON RIVER	0	0	1	3,368	1	14,403
PRAIRIE	24	426,557	19	290,328	20	289,441
PEKIN	2	21,427	1	5,605	2	75,355
PEORIA DOWNTOWN	26	436,300	30	478,951	21	476,682
OTTAWA	5	68,546	4	50,152	3	18,974
KEWANEE	3	24,709	3	52,898	1	55,679
MORRIS	2	10,197	2	36,784	3	71,705
NORTHWESTERN UNIVERSITY	56	896,346	59	1,977,014	34	958,461
DECATUR	1	7,642	1	139	2	26,534
DECATUR EAST HOME	1	6,333	0	0	2	25,777
PONTIAC	2	43,448	4	50,662	5	76,620
VILLA PARK	22	270,734	20	283,318	12	266,218
PEORIA NORTH	6	94,974	8	105,519	6	77,577
ROCKFORD	6	71,682	12	181,373	11	196,457
SKOKIE	15	148,400	14	152,005	10	236,890
EVANSTON	14	260,902	23	414,068	12	391,703
MC LEAN COUNTY HOME	0	0	1	8,184	2	6,038
FMS OTTAWA HOME	0	0	2	28,754	1	25,393
MERRIONETTE PARK HOME	4	31,251	3	32,228	1	24,985
MERRIONETTE PARK	10	121,995	18	303,698	12	226,148
UPTOWN CHICAGO	0	0	13	185,174	19	294,031
MIDWAY	0	0	0	0	1	7,882
WEST CHICAGO IL	0	0	1	2,447	14	95,727
MOKENA	0	0	0	0	1	43,121
ROSELAND	6	33,873	8	247,925	20	621,823
STREATOR	0	0	1	1,918	1	7,690
ROSS DIALYSIS - ENGLEWOOD	17	241,686	22	257,522	32	606,518
DUPAGE PD	2	10,958	2	26,658	5	32,570
HOME DIALYSIS NETWORK	0	0	3	48,741	0	0
MACOMB	1	3,507	4	52,762	2	30,803
DEERFIELD	0	0	0	0	3	92,714
SANDWICH JV	0	0	3	13,838	3	36,284
PLAINFIELD	0	0	0	0	9	102,051
JOLIET HOME	0	0	0	0	2	5,400
TOTAL	1,626	37,043,006	1,783	40,401,403	1,828	44,001,539

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.

June 23, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) in the Naperville/Bolingbrook area and am the Medical Director of the Fresenius Bolingbrook Dialysis Center. Over the past ten years I have seen this area grow exponentially not only in population but with End Stage Renal Disease patients. The facilities in this market area are continually operating at high utilizations despite expansions. I along with my partners, Dr. Reddy, Dr. Rohail, and Dr. Kumar are in full support of the 16 station Naperbrook facility in southwest Naperville to serve these combined growing communities.

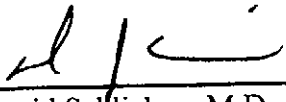
These facilities have experienced an overall average mortality rate over the past three years of approximately 6% of total patients treated at the facility over a one year period and an average 3% transplant rate based on the same number of patients.

The NANI practice in the Bolingbrook/Naperville/Downers Grove/Plainfield area was treating 127 in-center patients at the end of 2008, 125 in-center patients at the end of 2009, 154 in-center patients at the end of 2010 and 159 in-center patients at the end of the 1st quarter 2011, as reported to The Renal Network. These patient counts do not include the numerous patients we also have on the various home dialysis modalities and in area nursing homes. Over the past twelve months my partners and I have admitted 61 hemodialysis patients to Fresenius Bolingbrook, Naperville, Plainfield and Downers Grove. NANI has 210 patients in stages 3 & 4 of End Stage Renal Disease in the vicinity of the Naperbrook facility. I expect that 147 of them will begin dialysis at Naperbrook within 2 years after its opening.

I therefore urge the Board to approve the 16 station Fresenius Medical Care Naperbrook facility to alleviate the high utilization in this area and allow access to dialysis treatment for the continuing growth of the ESRD population. Thank you for your consideration.

Notarizes 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.

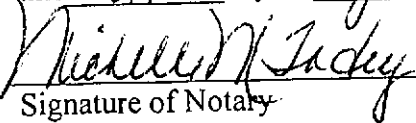
Sincerely,



David Schlieben, M.D.

Notarization:

Subscribed and sworn to before me
this 24 day of June, 2011



Signature of Notary

Seal



**PRE - ESRD PATIENTS NANI EXPECTS TO REFER TO FRESENIUS MEDICAL CARE
NAPERBROOK WITHIN 2 YEARS AFTER THE OPENING OF THE FACILITY**

Zip Code	Dr. Kumar		Dr. Kumar Total	Dr. Reddy		Dr. Reddy Total	Dr. Rohail		Dr. Rohail Total	Dr. Schlieben		Dr. Schlieben Total	Total
	Stage 3	Stage 4		Stage 3	Stage 4		Stage 3	Stage 4		Stage 3	Stage 4		
	60440	2	1	3	6		6	20	6	26	19	3	22
60490				2		2	4	1	5	3		3	10
60516	16	3	19	10	4	14				2	1	3	36
60517	8	1	9	4	4	8	2	1	3	8	1	9	29
60540	4		4				4	1	5	14	3	17	26
60564	1		1	1	1	2	2	1	3	8	5	13	19
60565				1	1	2	4	1	5	15	4	19	26
60585	1		1				2		2	4		4	7
Total	32	5	37	24	10	34	38	11	49	73	17	90	210

**IN-CENTER HEMODIALYSIS ADMISSIONS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA NANI
PRACTICE FOR THE PREVIOUS TWELVE MONTHS
06/01/10 through 05/31/2011**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville	Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	Dr. Rohail	
60056			1						1
60126				1					1
60148					2	1			3
60153				1					1
60187							1		1
60402									2
60439			1	1					2
60440	3	3	1	12	1				20
60441				1					1
60442				1					1
60446		1	1	2				1	5
60447								1	1
60447									2
60490			1	1					1
60491		1							1
60505						1			2
60515					1	1			3
60516					2	1			3
60517	1								1
60527					1				1
60532					1		1		2
60544				1				2	3
60559						1			1
60563							1		1
60565				1					1
60585			1					1	1
60586									1
60618				1					1
60634			1						1
Total	4	5	7	23	8	5	4	5	61

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2008**

Zip Code	Fresenius Bolingbrook			Fresenius Downers Grove		Fresenius Naperville	Total
	Dr. Kumar	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	
60126					1		1
60130				1			1
60134				1			1
60137				2			2
60148				2	1		3
60181				1			1
60432	1	1					2
60433			1				1
60435			2				2
60439			1				1
60440	12	2	28			1	43
60441				1			1
60446	4	1	12				17
60481			1				1
60490	1		1				2
60491			1				1
60504			1				1
60515			1	4	1		6
60516			2	1	1		4
60517	2		5		1	1	9
60521					1		1
60525			1				1
60527				1			1
60532				2		1	3
60540						2	2
60544	4		4				8
60555						1	1
60559	1			2			3
60561			1				1
60563			1				1
60565	1						1
60585				1			1
60586			1			1	2
60609			1				1
Total	26	4	65	19	6	7	127

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2009**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Schlieben	
60108				1				1
60130					1			1
60137					3			3
60148						1		1
60149					1			1
60181					1			1
60187							1	1
60189					1			1
60432	1		1					2
60433				1				1
60436				1				1
60439		1				1		2
60440	8	1	4	30		1		44
60446	3	1	1	9				14
60490	1			1				2
60491				1				1
60515				1	1	2		4
60516				2	1	2		5
60517	3			3	2		1	9
60521						1		1
60527					1	1		2
60532					3			3
60540							1	1
60544	2		1	5				8
60555							1	1
60559	1				1	1		3
60561						2		2
60563				1				1
60564							1	1
60565	1							1
60585			1		1			2
60586				1			1	2
60609				1				1
60625				1				1
Total	20	3	8	59	17	12	6	125

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE AT YEAR END 2010**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville		Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Rohail	
60056			1						1	1
60126										1
60130					1					1
60137					1					2
60148					2					1
60169				1						2
60181					1	1				1
60189					1				1	1
60403									1	2
60432	1									1
60433				1						1
60436				1						2
60439		1	1							56
60440	10	2	4	37		1	1	1	2	18
60446	2	2	2	10						4
60490	1		1	2						1
60491		1								1
60504								1		6
60515					3	3				5
60516				2	3			1		10
60517	4			4	1					1
60527					1					4
60532					3			1		1
60540									5	13
60544	2		1	5				1		1
60555						2				3
60559	1					2				2
60561								1		3
60563	1			1				1		1
60564										1
60565	1									2
60585			1		1				1	2
60586				1						1
60618				1						1
60634			1						11	154
Total	23	6	12	66	18	9	1	8	11	154

**IN-CENTER HEMODIALYSIS PATIENTS OF THE
NAPERVILLE/BOLINGBROOK/DOWNERS GROVE/PLAINFIELD AREA
NANI PRACTICE FOR MARCH 31, 2011**

Zip Code	Fresenius Bolingbrook				Fresenius Downers Grove		Fresenius Naperville		Fresenius Plainfield	Total
	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Kumar	Dr. Reddy	Dr. Rohail	Dr. Schlieben	Dr. Rohail	
60056			1							1
60126									1	1
60130					1					1
60137					1					1
60148					3	1				4
60169				1						1
60181					1					1
60187								1		1
60189					1					1
60402								1		1
60403									1	1
60432	1									2
60433				1						1
60436				1						1
60439		1	3							4
60440	8	2	5	38	1	1	1		3	56
60446	1	3	2	10						19
60490	1		1	3						5
60491		1								1
60504								1		1
60505						1				1
60515					3	3				6
60516				2	2					4
60517	3			4				1		8
60527					1					1
60532					3	1		1		5
60540								1		1
60544	2		1	5					5	13
60555								1		1
60559						2				2
60561						2				2
60563	1			1				1		3
60564								1		1
60565	1									1
60585			1		1					2
60586				1					1	2
60618				1						1
60634			1							1
Total	18	7	15	68	18	11	1	9	12	159



MAPQUEST.

Trip to 100 Spalding Dr
Naperville, IL 60540-6550
3.75 miles - about 8 minutes

Notes

TO FRESENIUS MEDICAL CARE NAPERVILLE



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. go 3.3 mi



2. Turn LEFT onto OSLER DR. go 0.3 mi



3. Turn RIGHT onto BROM DR. go 0.1 mi



4. Turn RIGHT onto SPALDING DR. go 0.0 mi



5. 100 SPALDING DR is on the LEFT. go 0.0 mi

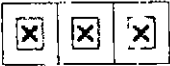


100 Spalding Dr, Naperville, IL 60540-6550

Total Travel Estimate : 3.75 miles - about 8 minutes

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MAPQUEST.

Trip to 329 Remington Blvd

Bolingbrook, IL 60440-5827
5.20 miles - about 9 minutes

Notes

TO FRESENIUS MEDICAL CARE
BOLINGBROOK



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going **SOUTHEAST** on **S WASHINGTON ST** toward **OAK BLUFF CT.** go 0.3 mi



2. Turn **RIGHT** onto **WASHINGTON ST / CR-11 / NAPERVILLE RD.** Continue to follow **CR-11.** go 1.8 mi



3. Turn **LEFT** onto **VETERANS PKWY / CR-11 S.** go 1.4 mi



4. Turn **LEFT** onto **REMINGTON BLVD.** go 1.8 mi



5. **329 REMINGTON BLVD** is on the **RIGHT.** go 0.0 mi



329 Remington Blvd, Bolingbrook, IL 60440-5827

Total Travel Estimate : 5.20 miles - about 9 minutes

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MAPQUEST.

Trip to 516 W 5th Ave
Naperville, IL 60563-2901
5.12 miles - about 12 minutes

Notes

TO FRESENIUS NAPERVILLE NORTH



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going **NORTH** on **S WASHINGTON ST** toward **WORTHING DR.** go 4.6 mi



2. Turn **LEFT** onto **W SPRING AVE.** go 0.3 mi



3. Turn **RIGHT** onto **N MILL ST.** go 0.2 mi



4. Turn **LEFT** onto **W 5TH AVE.** go 0.0 mi



5. **516 W 5TH AVE** is on the **LEFT.** go 0.0 mi



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

Total Travel Estimate : 5.12 miles - about 12 minutes

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MAPQUEST.


Trip to 1300 Waterford Dr
Aurora, IL 60504-5502
9.57 miles - about 15 minutes


Notes



TO FOX VALLEY DIALYSIS





2451 S Washington St, Naperville, IL 60565-5419


- 
1. Start out going **NORTH** on **S WASHINGTON ST** toward **WORTHING DR.**
go 2.0 mi

- 
2. Turn **LEFT** onto **75TH ST / CR-33 W.**
go 4.9 mi

- 

3. Turn **LEFT** onto **OGDEN AVE / US-34 W.**
go 2.4 mi

- 
4. Turn **RIGHT** onto **RIDGE AVE.**
go 0.0 mi

- 
5. **RIDGE AVE** becomes **WATERFORD DR.**
go 0.2 mi

- 
6. **1300 WATERFORD DR** is on the **RIGHT.**
go 0.0 mi



1300 Waterford Dr, Aurora, IL 60504-5502

Total Travel Estimate : 9.57 miles - about 15 minutes

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MAPQUEST.







Trip to 6300 Kingery Hwy
Willowbrook, IL 60527-2248
13.09 miles - about 20 minutes

Notes

TO FRESENIUS MEDICAL CARE
WILLOWBROOK



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. | go 2.0 mi |
|  | 2. Turn RIGHT onto 75TH ST / CR-33 E . Continue to follow 75TH ST. | go 9.6 mi |
|   | 3. Turn LEFT onto KINGERY HWY / IL-83 N. | go 1.5 mi |
|  | 4. Turn LEFT onto 63RD ST. | go 0.0 mi |
|  | 5. 6300 KINGERY HWY. | go 0.0 mi |

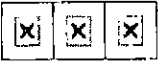


6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate : 13.09 miles - about 20 minutes

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MAPQUEST.


Trip to 3825 Highland Ave
Downers Grove, IL 60515-1552
14.27 miles - about 23 minutes


Notes



TO FRESENIUS MEDICAL CARE DOWNERS GROVE






2451 S Washington St, Naperville, IL 60565-5419



- 
1. Start out going **NORTH** on **S WASHINGTON ST** toward **WORTHING DR.**
go 2.0 mi


- 
2. Turn **RIGHT** onto **75TH ST / CR-33 E.**
go 3.4 mi


- 

3. Turn **LEFT** onto **IL-53.**
go 0.8 mi


- 
4. Turn **RIGHT** onto **HOBSON RD / CR-2.** Continue to follow **HOBSON RD.**
go 1.4 mi

- 

5. Merge onto **I-355 N / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **NORTHWEST SUBURBS** (Portions toll).
go 1.9 mi

- 

6. Merge onto **I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).
go 3.6 mi

- 
7. Take the **HIGHLAND AVE** exit.
go 0.3 mi

- 
8. Merge onto **HIGHLAND AVE / CR-9 S** toward **GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE.**
go 1.0 mi

- 
9. **3825 HIGHLAND AVE** is on the **LEFT.**
go 0.0 mi



3825 Highland Ave, Downers Grove, IL 60515-1552

Total Travel Estimate : 14.27 miles - about 23 minutes

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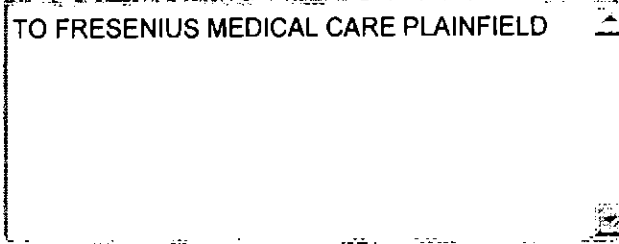
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MAPQUEST.

Trip to 2320 Michas Dr
Plainfield, IL 60586-5045
13.86 miles - about 24 minutes

Notes



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTHEAST on S WASHINGTON ST toward OAK BLUFF CT. | go 0.3 mi |
|  | 2. Turn RIGHT onto WASHINGTON ST / CR-11 / NAPERVILLE RD. Continue to follow CR-11. | go 1.1 mi |
|  | 3. Turn RIGHT onto W BOUGHTON RD / CR-67 W. | go 2.4 mi |
|  | 4. Turn LEFT onto NAPERVILLE RD / PLAINFIELD-NAPERVILLE RD / CR-14. Continue to follow NAPERVILLE RD. | go 5.6 mi |
|   | 5. Turn LEFT onto S ROUTE 59 / US-30 / IL-59. Continue to follow IL-59. | go 3.4 mi |
|  | 6. Turn RIGHT onto W CATON FARM RD / CR-5. | go 1.1 mi |
|  | 7. Turn LEFT onto MICHAS DR. | go 0.0 mi |
|  | 8. 2320 MICHAS DR is on the LEFT. | go 0.0 mi |



2320 Michas Dr, Plainfield, IL 60586-5045

Total Travel Estimate : 13.86 miles - about 24 minutes

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MAPQUEST.

Trip to 450 E Roosevelt Rd
West Chicago, IL 60185-3905
14.72 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE DUPAGE WEST



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going **NORTH** on **S WASHINGTON ST** toward **WORTHING DR.** go 2.0 mi



2. Turn **LEFT** onto **75TH ST / CR-33 W.** go 3.9 mi



3. Turn **RIGHT** onto **IL-59 N.** go 8.3 mi



4. Turn **RIGHT** onto **DAYTON AVE.** go 0.0 mi



5. Turn **SLIGHT RIGHT** onto **SARANA AVE.** go 0.2 mi



6. Turn **RIGHT** onto **E ROOSEVELT RD / IL-38.** go 0.3 mi



7. **450 E ROOSEVELT RD** is on the **LEFT.** go 0.0 mi

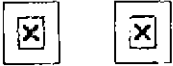


450 E Roosevelt Rd, West Chicago, IL 60185-3905

Total Travel Estimate : 14.72 miles - about 24 minutes

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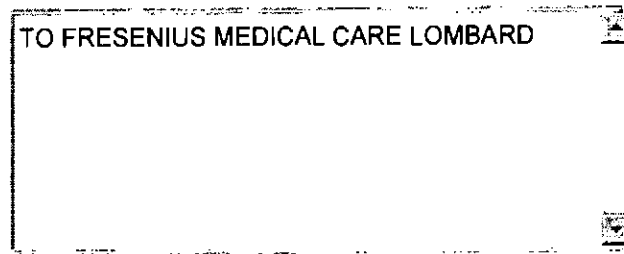
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MAPQUEST.

Trip to 1940 Springer Dr
Lombard, IL 60148-6419
14.23 miles - about 24 minutes

Notes



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. | go 2.0 mi |
|  | 2. Turn RIGHT onto 75TH ST / CR-33 E. | go 3.4 mi |
|   | 3. Turn LEFT onto IL-53. | go 0.8 mi |
|  | 4. Turn RIGHT onto HOBSON RD / CR-2. Continue to follow HOBSON RD. | go 1.4 mi |
|   | 5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward NORTHWEST SUBURBS (Portions toll). | go 4.8 mi |
|  | 6. Take the IL-56 / BUTTERFIELD RD exit. | go 0.6 mi |
|   | 7. Merge onto IL-56 E / BUTTERFIELD RD toward OAK BROOK. | go 0.2 mi |
|  | 8. Turn LEFT onto FINLEY RD / CR-2. Continue to follow FINLEY RD. | go 0.9 mi |
|  | 9. Turn LEFT onto FOXWORTH BLVD. | go 0.1 mi |
|  | 10. Turn RIGHT onto SPRINGER DR. | go 0.1 mi |
|  | 11. 1940 SPRINGER DR is on the LEFT. | go 0.0 mi |

Tuesday, June 07, 2011



1940 Springer Dr, Lombard, IL 60148-6419

Total Travel Estimate : 14.23 miles - about 24 minutes

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MAPQUEST.


Trip to 1051 Essington Rd
Joliet, IL 60435-2801
14.42 miles - about 25 minutes


Notes


TO SILVER CROSS RENAL WEST






2451 S Washington St, Naperville, IL 60565-5419



- 
1. Start out going **SOUTHEAST** on **S WASHINGTON ST** toward **OAK BLUFF CT.**
go 0.3 mi


- 
2. Turn **RIGHT** onto **WASHINGTON ST / CR-11 / NAPERVILLE RD.** Continue to follow **CR-11.**
go 1.8 mi


- 
3. **CR-11** becomes **S WEBER RD / CR-88.**
go 2.6 mi


- 

4. Merge onto **I-55 S** toward **BLOOMINGTON.**
go 5.8 mi

- 
5. Take the **US-30** exit, **EXIT 257**, toward **AURORA / JOLIET.**
go 0.3 mi

- 

6. Turn **LEFT** onto **US-30 E.**
go 1.0 mi

- 
7. Turn **RIGHT** onto **HENNEPIN DR.**
go 0.4 mi

- 
8. Turn **LEFT** onto **ESSINGTON RD.**
go 2.2 mi

- 
9. **1051 ESSINGTON RD** is on the **RIGHT.**
go 0.0 mi

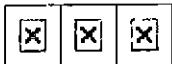


1051 Essington Rd, Joliet, IL 60435-2801

Total Travel Estimate : 14.42 miles - about 25 minutes

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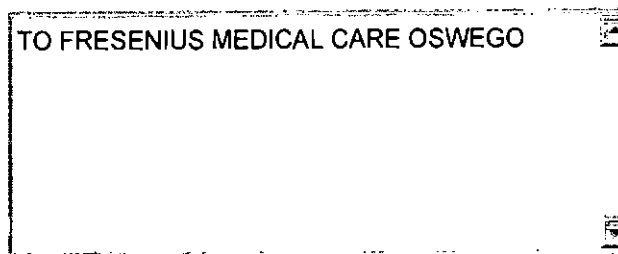
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MAPQUEST.

Trip to 1051 Station Dr
Oswego, IL 60543-5008
18.01 miles - about 26 minutes

Notes



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. | go 2.0 mi |
|  | 2. Turn LEFT onto 75TH ST / CR-33 W. | go 4.9 mi |
|   | 3. Turn LEFT onto OGDEN AVE / US-34 W. Continue to follow US-34 W. | go 4.0 mi |
|  | 4. Turn SLIGHT RIGHT. | go 0.1 mi |
|   | 5. Turn SLIGHT RIGHT onto US-30. | go 4.7 mi |
|  | 6. Turn LEFT onto ORCHARD RD / CR-9. Continue to follow ORCHARD RD. | go 2.1 mi |
|  | 7. Turn RIGHT onto MILL RD. | go 0.0 mi |
|  | 8. Turn RIGHT onto STATION DR. | go 0.1 mi |
|  | 9. 1051 STATION DR is on the RIGHT. | go 0.0 mi |

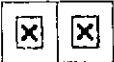


1051 Station Dr, Oswego, IL 60543-5008

Total Travel Estimate : 18.01 miles - about 26 minutes

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MAPQUEST.

Trip to 2121 Oneida St
Joliet, IL 60435-6544
14.23 miles - about 27 minutes

Notes

TO SUN HEALTH DIALYSIS

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going **SOUTHEAST** on **S WASHINGTON ST** toward **OAK BLUFF CT.** go 0.3 mi



2. Turn **RIGHT** onto **WASHINGTON ST / CR-11 / NAPERVILLE RD.** Continue to follow **CR-11.** go 1.8 mi



3. **CR-11** becomes **S WEBER RD.** go 9.5 mi



4. **S WEBER RD** becomes **N LARKIN AVE.** go 2.3 mi



5. Turn **RIGHT** onto **W ONEIDA ST.** go 0.4 mi



6. **2121 ONEIDA ST** is on the **RIGHT.** go 0.0 mi

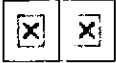


2121 Oneida St, Joliet, IL 60435-6544

Total Travel Estimate : 14.23 miles - about 27 minutes

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MAPQUEST.

Trip to 455 Mercy Ln
Aurora, IL 60506-2462
14.71 miles - about 28 minutes

Notes

TO FRESENIUS MEDICAL CARE AURORA

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. go 2.0 mi



2. Turn LEFT onto 75TH ST / CR-33 W. go 3.9 mi



3. Turn RIGHT onto IL-59 N. go 2.4 mi



4. Turn LEFT onto N AURORA RD. go 1.8 mi



5. Stay STRAIGHT to go onto INDIAN TRAIL RD. go 1.1 mi



6. INDIAN TRAIL RD becomes E INDIAN TRL. go 3.3 mi



7. Turn RIGHT onto MERCY LN. go 0.2 mi



8. 455 MERCY LN is on the RIGHT. go 0.0 mi



455 Mercy Ln, Aurora, IL 60506-2462

Total Travel Estimate : 14.71 miles - about 28 minutes

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MAPQUEST.

Trip to 1859 N Neltnor Blvd
West Chicago, IL 60185-5900
17.96 miles - about 29 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
CHICAGO

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419



1. Start out going **NORTH** on **S WASHINGTON ST** toward **WORTHING DR.** go 2.0 mi



2. Turn **LEFT** onto **75TH ST / CR-33 W.** go 3.9 mi



3. Turn **RIGHT** onto **IL-59 N.** go 12.0 mi



4. **1859 N NELTNOR BLVD.** go 0.0 mi



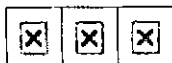
1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 17.96 miles - about 29 minutes

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MAPQUEST.

Trip to 1788 Silver Cross Blvd
New Lenox, IL 60451
20.07 miles - about 30 minutes
















Notes

TO SILVER CROSS HOSPITAL

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|---|---|------------|
|  | 1. Start out going SOUTHEAST on S WASHINGTON ST toward OAK BLUFF CT. | go 0.3 mi |
|  | 2. Turn RIGHT onto WASHINGTON ST / CR-11 / NAPERVILLE RD. Continue to follow CR-11. | go 1.8 mi |
|  | 3. Turn LEFT onto VETERANS PKWY / CR-11 S. | go 1.4 mi |
|  | 4. Turn LEFT onto REMINGTON BLVD. | go 2.4 mi |
|   | 5. Turn RIGHT onto S BOLINGBROOK DR / IL-53 S. | go 0.2 mi |
|   | 6. Merge onto I-55 N via the ramp on the LEFT toward CHICAGO. | go 1.5 mi |
|   | 7. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via EXIT 269 toward SOUTHWEST SUBURBS (Portions toll). | go 11.5 mi |
|  | 8. Take the US-6 / SOUTHWEST HWY exit. | go 0.4 mi |
|  | 9. Take the ramp toward JOLIET. | go 0.0 mi |
|   | 10. Turn RIGHT onto MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 W. | go 0.3 mi |
|  | 11. Turn LEFT onto SILVER CROSS BLVD. | go 0.4 mi |



MAPQUEST.

Trip to 721 E Jackson St
Joliet, IL 60432-2560
15.67 miles - about 31 minutes

Notes

TO FRESENIUS MEDICAL CARE JOLIET

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTHEAST on S WASHINGTON ST toward OAK BLUFF CT. | go 0.3 mi |
| | 2. Turn RIGHT onto WASHINGTON ST / CR-11 / NAPERVILLE RD. Continue to follow CR-11. | go 1.8 mi |
| | 3. Turn LEFT onto VETERANS PKWY / CR-11 S. | go 3.0 mi |
| | 4. Turn RIGHT onto DALHART AVE / LUTHER DR / CR-11. | go 0.5 mi |
| | 5. Turn LEFT onto W NORMANTOWN RD / CR-11. | go 0.3 mi |
| | 6. Turn RIGHT onto N INDEPENDENCE BLVD / IL-53. Continue to follow IL-53. | go 8.3 mi |
| | 7. Turn LEFT onto W RUBY ST / IL-53. Continue to follow IL-53. | go 0.4 mi |
| | 8. Turn SLIGHT RIGHT onto N OTTAWA ST / IL-53. | go 0.1 mi |
| | 9. Turn LEFT onto W JACKSON ST. | go 1.0 mi |
| | 10. 721 E JACKSON ST is on the LEFT. | go 0.0 mi |



721 E Jackson St, Joliet, IL 60432-2560

Total Travel Estimate : 15.67 miles - about 31 minutes

MAPQUEST.

Trip to La Grange Dialysis Center
2400 Wolf Rd # 101A, Westchester,
IL 60154 - (708) 409-7780
20.08 miles - about 31 minutes

Notes

TO FRESENIUS MEDICAL CARE
WESTCHESTER

OVER 30 MINUTES



2451 S Washington St, Naperville, IL 60565-5419

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on S WASHINGTON ST toward WORTHING DR. | go 2.0 mi |
| | 2. Turn RIGHT onto 75TH ST / CR-33 E. | go 3.4 mi |
| | 3. Turn LEFT onto IL-53. | go 0.8 mi |
| | 4. Turn RIGHT onto HOBSON RD / CR-2. Continue to follow HOBSON RD. | go 1.4 mi |
| | 5. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward NORTHWEST SUBURBS (Portions toll). | go 1.9 mi |
| | 6. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | go 8.1 mi |
| | 7. Take the I-294 S exit toward INDIANA. | go 0.3 mi |
| | 8. Take the YORK RD exit. | go 0.2 mi |
| | 9. Turn LEFT onto YORK RD. | go 0.3 mi |
| | 10. Turn LEFT onto W 22ND ST. | go 1.4 mi |
| | 11. Turn RIGHT onto WOLF RD / S WOLF RD. | go 0.2 mi |