Original

ILLINOIS HEALTH FACILITIES PLANNING BOARD APPLICATION FOR EXEMPTION

E-009-11

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

This section must be completed for all proposed projects or transactions (except proposed changes of ownership) requesting an exemption from review and from the requirements of obtaining a certificate of need permit.

A. **Proposed Type of Project or Transaction**

Check the applicable box that describes the proposed project or transaction.

- ☐ Acquisition of Major Medical Equipment
- ☐ Establishment or Expansion of Neonatal Intensive Care Service and Beds
- ☐ Combined Facility Licensure
- ☐ Temporary Use of Beds for Demonstration Programs
- ✓ Addition of Dialysis Stations to an Existing Facility

B. Applicant Identification (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name: Bio-Medical Applications of Illinois, Inc. d/b/a FMCNA Dialysis Services Burbank
Address: 4811 W. 77th Street, Burbank, IL 60459
Name of Registered Agent: CT Systems
Type of Ownership: ✓ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐ Other (specify)

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.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Facility Identification

Does the proposed transaction involve one or more existing licensed or certified health care facility(ies) subject To the Health Facilities Planning Act? ✓ Yes ☐ No

If no is checked, skip to item D. If yes is checked, provide the following information, then skip to item E. If more than one facility is involved in the transaction or project, provide this information for each facility and insert after this page, then skip to item E.

Facility Name: Bio-Medical Applications of Illinois, Inc. d/b/a FMCNA Dialysis Services Burbank
Street Address: 4811 W. 77th Street City: Burbank
County: Cook Zip: 60459 Illinois State Representative District: 22nd

Type of Ownership: ✓ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐ Other (specify)

D. Project Identification

For proposed transactions (such as the acquisition of major medical equipment by a clinic) that do NOT involve a licensed or certified health care facility that is subject to the Planning Act, complete the following:

Project Name _____
Street Address _____ City _____
County _____ Zip _____ Illinois State Representative District _____

E. Primary Contact Person (person who is to receive correspondence or inquiries)
Name Lori Wright Title Senior CON Specialist
Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
Telephone No. (708)498-9121

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)
Name Coleen Muldoon Title Regional Vice President
Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
Telephone No. (708) 498-9118

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)
Name Clare Ranalli Title Attorney – Holland & Knight, LLP
Address 131 S. Dearborn, 30th Floor, Chicago, IL 60603
Telephone No. (312) 578-6567

G. Flood Plain Requirements
Does the proposed project or transaction involve construction of a new building or an addition to an existing building? ☐ Yes ✓ No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).
APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.

H. Historic Resources Preservation Act Requirements
Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings? ☐ Yes ✓ No If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).
APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.

I. Project Status and Completion Schedules

1. Anticipated transaction or project obligation date (refer to Part 1130.140)
June 15, 2011
NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)
April 1, 2012

3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):
- ☐ Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
- ☐ Obligation or completion is contingent upon approval of the exemption application;
- ✓ Obligation or completion will occur after approval of the exemption application.

J. Project Cost and Sources of Funds

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

USE AND SOURCE OF FUNDS	
Use of Funds	
Preplanning Costs	N/A
Site Survey and Soil Investigation	N/A
Site Preparation	N/A
Off Site Work	N/A
New Construction Contracts	N/A
Modernization Contracts	30,000
Contingencies	3,000
Architectural/Engineering Fees	0
Consulting and Other Fees	N/A
Movable or Other Equipment (not in construction contracts)	69,700
Bond Issuance Expense (project related)	N/A
Net Interest Expense During Construction (project related)	N/A
Other Costs To Be Capitalized	N/A
Acquisition of Building or Other Property (excluding land)	N/A
ESTIMATED TOTAL USE OF FUNDS	
Source of Funds	
Cash and Securities	49,000
Pledges	N/A
Gifts and Bequests	N/A
Bond Issues (project related)	N/A
Mortgages	N/A
Leases (dialysis machines)	53,700
Government Appropriations	N/A
Grants	N/A
Other Funds and Sources	N/A
ESTIMATED TOTAL SOURCE OF FUNDS	102,700

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); 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); in the case of estates and trusts, two of its beneficiaries(or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on behalf of Bio-Medical Applications of Illinois, 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 exemption 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 exemption application fee required for this application is sent herewith or will be paid upon request.

Signature

Printed Name Mark Fawcett

Printed Title Vice President & Treasurer

Notarization:

Subscribed and sworn to before me this_____ day of _____2011

Signature of Notary

Seal

Signature

Printed Name Marc Lieberman

Printed Title Asst Treasurer

Notarization:

Subscribed and sworn to before me this 8 day of April 2011

C Wynelle Scenna

Signature of Notary

Seal

C. WYNELLE SCENNA
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
MY COMM. EXPIRES AUG. 1, 2014

*Insert EXACT legal name of the applicant

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); 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); in the case of estates and trusts, two of its beneficiaries(or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on 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 exemption 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 exemption application fee required for this application is sent herewith or will be paid upon request.

Signature

Printed Name Mark Fawcett

Printed Title Vice President & Asst. Treasurer

Notarization:

Subscribed and sworn to before me this_____ day of _____2011

Signature of Notary

Seal

Signature

Printed Name Marc Lieberman

Printed Title Asst Treasurer

Notarization:

Subscribed and sworn to before me this 8 day of April 2011

C. Wynelle Scenna

Signature of Notary

Seal

C. WYNELLE SCENNA NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMM. EXPIRES AUG. 1, 2014

*Insert EXACT legal name of the applicant

File Number 5067-500-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

BIO-MEDICAL APPLICATIONS OF ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JUNE 10, 1975, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* SEPTEMBER *A.D.* 2010 .

Jesse White

SECRETARY OF STATE

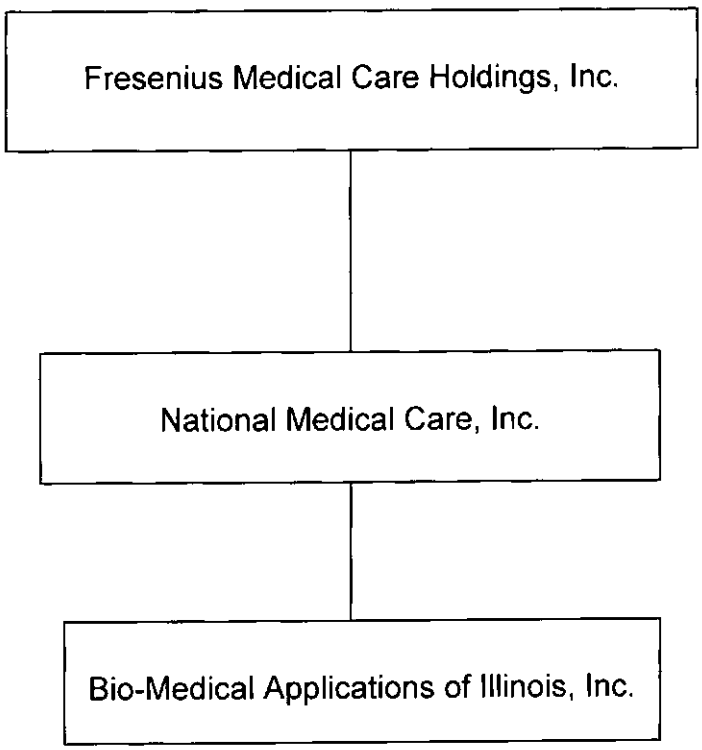
Authentication #: 1025301578

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

Certificate of Good Standing

ATTACHMENT IDEN - 1

ORGANIZATIONAL CHART FOR
BIO-MEDICAL APPLICATIONS OF ILLINOIS, INC.



ATTACHMENT – IDEN - 1

Compliance Requirements

To the best of my knowledge, all post permit filings on the following outstanding permits belonging to Fresenius Medical Care Holdings, Inc. are up to date and within State Board compliance.

#08-104	#09-067	#10-036	#10-067
#09-028	#10-001	#10-039	#10-071
#09-037	#10-012	#10-063	#10-074
#09-046	#10-033	#10-064	#10-076
#09-058	#10-035	#10-066	#10-080

Lori Wright
Signature

Lori Wright/Senior CON Specialist
Name/Title

Subscribed and sworn to before me
this 5th day of April, 2011

Michelle M. Hogan
Signature of Notary

Seal

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/13

SECTION VI. PROJECTS FOR THE ADDITION OF DIALYSIS STATIONS (ADS)

A. PROJECT INFORMATION (provide the following:)

1. What is the number of additional dialysis stations requested in this application? 4.

2. What is the facility's current number of certified dialysis stations? 22.

3. What is the facility's planning area for dialysis services? 7

4. What is the number of additional dialysis stations identified in the inventory as needed for the facility's planning area? 26*.

#10-067 was permitted March 22nd for 12 stations, reducing the need to 14 stations.

5. What is the date of the inventory update you used to obtain the information in #4 above? 03/18/11

6. What is the total number of treatments provided by this facility for the most recent 12 months that utilization data is available? 16,458. Specify the 12 month period (year) 04/01/10 to 03/31/11

7. Based upon the facility's number of treatments provided in #5 above, what is the facility's utilization rate for the 12 month period for which data was provided? 80 %.

8. Does the utilization rate listed in #6 above meet the rate of 80% specified in 77 Ill. Adm. Code 1100.630?

✓ Yes _____No

B. LEGAL NOTICE REQUIREMENTS

Provide proof of publication of the legal notice regarding the project as required by Part 1130.544.

APPEND DOCUMENTATION AS ATTACHMENT ADS-1 AFTER THE LAST PAGE OF THIS SECTION.

C. CERTIFICATIONS

Provide a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and

2. That the project has not yet been entered into or executed.

APPEND DOCUMENTATION AS ATTACHMENT ADS-2 AFTER THE LAST PAGE OF THIS SECTION.

D. APPLICATION PROCESSING FEE

The exemption application processing fee is the greater of $1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order payable to the **Illinois Department of Public Health** must accompany the application.

FRESENIUS MEDICAL CARE
four dialysis

ADORDERNUMBER: 0000059320-01
PO NUMBER: four dialysis
AMOUNT: $30.66
NO OF AFFIDAVITS: 1

Legal Notice
This notice is being given in accordance with the Illinois Health Facilities & Services Review Board, Application for Exemption, section VI, Subpart B.
Bio-Medical Applications of Illinois, Inc.d/b/a FMCNA Dialysis Services Burbank, located at 4811 W. 77th Street, Burbank, IL 60459, is applying for an exemption to add four dialysis stations at an estimated total cost of $102,700.
Lori Wright
Senior CON Specialist
Fresenius Medical Care
1 Westbrook Corporate Center
Westchester, IL 60154
708-498-9121
59320 4/6/2011

RECEIVED
APR 14 2011
PLH

Sun Times Media
Sun-Times Media South
Certificate of Publication

State of Illinois - County of Cook, Will

Sun-Times Media South, does hereby certify it has published the attached advertisement in the following secular newspapers. All newspapers meet Illinois Compiled Statue requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.
Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 04/06/2011

SouthtownStar

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed and notarized

By John G. Bieschke
John G. Bieschke
Account Manager - Public Legal Notices

Subscribed and sworn to before me this 6th Day of April 2011 A.D.

Tammy Albanos
Notary Public

OFFICIAL SEAL
TAMMY ALBANOS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-22-2015

FRESENIUS MEDICAL CARE
1 WESTBROOK CRPT CTR 1000
WESTCHESTER, IL 60154

Legal Notice
ATTACHMENT ADS - 1

Fresenius Medical Care

April 5, 2011

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

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities Planning Board Application for Exemption, the applicant entity, which is Bio-Medical Applications of Illinois, Inc., d/b/a FMCNA Dialysis Services Burbank , attests to the fact that:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and

2. That the project has not yet been entered into or executed

By:_____

ITS: Mark Fawcett
Vice President & Treasurer

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

_____
Signature of Notary

Seal

By:_____

ITS: Marc Lieberman
Asst Treasurer

Notarization:
Subscribed and sworn to before me
this 8 day of April, 2011

_____
Signature of Notary

Seal

C. MICHELLE SCENNA
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
MY COMM. EXPIRES AUG. 1, 2014

ATTACHMENT ADS-2

Fresenius Medical Care

April 5, 2011

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

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities Planning Board Application for Exemption, the co-applicant entity, which is Fresenius Medical Care Holdings, Inc., attests to the fact that:

3. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and

4. That the project has not yet been entered into or executed

By:_____

ITS: Mark Fawcett Vice President & Asst. Treasurer

By:_____

ITS: Marc Lieberman Asst Treasurer

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

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 8 day of April, 2011

C. Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMM. EXPIRES AUG. 1, 2014

ATTACHMENT ADS-2