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July 21, 2014

VIA OVERNIGHT DELIVERY

George K. Roate, Reviewer
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson 2nd Flr.
Springfield, Illinois 62761

RECEIVED

JUL 22 2014

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

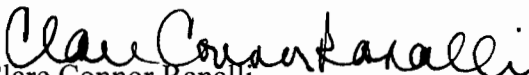
Re: DeKalb Surgical Services LLC - Application to Establish ASC *14-033*

Dear Mr. Roate:

Enclosed is the flood plain map sent via email on Friday, July 18, 2014, regarding the above application. Also enclosed is a copy of the corrected cost and sources of funds page, sent via email Monday, July 21, 2014.

Thank you.

Very truly yours,


Clare Connor Ranalli

cc: Mike Constantino
DM_US 53613414-1.T13706.0010



Project Costs and Sources of Funds**SURGERY CENTER**

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 | | SURGERY CENTER | |
|--|-----------------------|-----------------------|-----------------------|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs | | | |
| Site Survey and Soil Investigation | | | |
| Site Preparation | | | |
| Off Site Work | | | |
| New Construction Contracts | | | |
| Modernization Contracts | | | |
| Contingencies | | | |
| Architectural/Engineering Fees | \$43,665.00 | \$17,835.00 | \$61,500.00 |
| Consulting and Other Fees | | | |
| Movable or Other Equipment (not in construction contracts) | \$500,000.00 | \$150,000.00 | \$650,000.00 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment* | \$5,904,448.38 | \$2,530,477.87 | \$8,434,926.25 |
| Other Costs To Be Capitalized | | | |
| Acquisition of Building or Other Property (excluding land) | | | |
| TOTAL USES OF FUNDS | \$6,072,283.38 | \$3,074,142.87 | \$9,146,426.25 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | \$543,665.00 | \$167,835.00 | \$710,500.00 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | \$5,904,448.38 | \$2,530,477.00 | \$8,434,925.25 |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| TOTAL SOURCES OF FUNDS | \$6,072,283.38 | \$3,074,142.87 | \$9,146,426.25 |

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

*\$5,934,926.25 FMV of Leased Space – Annualized x 15 Year Lease Term
 \$2,500,000.00 FMV of Leased Equipment