

TCO JV, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

**RECEIVED**

JUN 07 2016

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

June 6, 2016

Mr. Mike Constantino  
525 W. Jefferson  
Springfield, IL 62761

Subject: Contact, Dan Lawler  
Project #15-044

Dear Mr. Constantino,

Please accept this correspondence as notification to add TCO JV, LLC CON Legal Counsel Daniel J. Lawler as an additional person of contact for Project #15-044. Mr. Lawler's contact information and email are provided.

Daniel J. Lawler  
Barnes & Thornburg LLP  
One North Wacker Drive, Suite 4400  
Chicago, IL 60606  
312-214-4861  
[dlawler@btlaw.com](mailto:dlawler@btlaw.com)

Sincerely,

Gerry Jenich  
Manager  
TCO JV, LC

cc: Daniel Lawler  
John Kniery  
Andy Van Zee

**Facility/Project Identification**

Facility Name: <b>Transformative Health of McHenry</b>		
Street Address: <b>Southwest Corner of Bull Valley Road and Lawrence Parkway</b>		
City and Zip Code: <b>McHenry, Illinois 60050</b>		
County: <b>McHenry</b>	Health Service Area: <b>008</b>	Health Planning Area: <b>McHenry</b>

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

Exact Legal Name: <b>MS McHenry, LLC</b>
Address: <b>14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032</b>
Name of Registered Agent: <b>Christopher J Lukaart</b>
Name of Chief Executive Officer: <b>David Stordy</b>
CEO Address: <b>14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032</b>
Telephone Number: <b>(317) 582-6200</b>

**Type of Ownership (Applicant/Co-Applicants)**

<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]**

Name: <b>John P. Kniery</b>
Title: <b>Health Care Consultant</b>
Company Name: <b>Foley &amp; Associates, Inc.</b>
Address: <b>133 South 4<sup>th</sup> Street, Suite 200, Springfield, Illinois 62701</b>
Telephone Number: <b>(217) 544-1551</b>
E-mail Address: <b>jkniery@foleyandassociates.com</b>
Fax Number: <b>(217) 544-3615</b>

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

Name: <b>Daniel J. Lawler</b>
Title: <b>Attorney at Law, Partner</b>
Company Name: <b>Barnes &amp; Thornburg LLP</b>
Address: <b>One North Wacker Drive, Suite 4400, Chicago, Illinois 60606</b>
Telephone Number: <b>(312) 214-4861</b>
E-mail Address: <b>dlawler@btlaw.com</b>
Fax Number: <b>(312) 759-5646</b>