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JAN 08 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

January 4, 2016

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Re: COE applications E-011-15 through E-016-15 (see attached)

Dear Ms. Avery:

This letter acts as confirmation that the changes of ownership as described in the above-referenced COE applications occurred on December 31, 2015. The material terms of the transaction did not change from those presented in the applications and approved by the Illinois Health Facilities and Services Review Board.

We trust that this notice is timely and in accordance with your requirements.

If you have any questions about this notice, please contact me at (312) 308-3291.

Sincerely,

A handwritten signature in black ink that reads "Jeannie C. Frey". The signature is fluid and cursive, with the first name being the most prominent.

Jeannie C. Frey
Chief Legal Officer and General Counsel
Presence Health

Legal Affairs\Gov Restructuring Proj\Corp Reorg\Hospital Reorg\COE\HFSRB Confirmation Ltr_01.04.2016.doc



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Kathy Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Exemption #E-011-15 thru E-016-15

Facility: Presence Resurrection Medical Center – Chicago, Presence Holy Family Medical Center – Des Plaines, Presence Saint Francis Hospital – Evanston, Presence Saint Joseph Medical Center – Chicago, Presence Saint Elizabeth Hospital – Chicago, Presence Saint Mary of Nazareth Hospital - Chicago

This is to advise you that I have reviewed the above-captioned exemption application with the requirements in 77 Ill. Adm. Code 1130.520 and have determined the following:

- ☒ This application is in compliance with the requirements in 1130.520
- ☐ This application is to be reviewed by the Health Facilities Planning Board.
- ☐ This application is DENIED effective _____ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.520.
- ☐ Other actions as follows:

Kathy Olson

October 7, 2015

Kathy Olson, Chairman
Illinois Health Facilities
and Services Review Board

Date