

Original

16-026

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION JUN 21 2016

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: U.S. Renal Care Hickory Hills Dialysis		
Street Address: 9528 S. Roberts Road, Suite B-2		
City and Zip Code: Hickory Hills, IL 60457-2239		
County: Cook	Health Service Area 7	Health Planning Area: 7E

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: USRC Hickory Hills, LLC	
Address: 9528 S. Roberts Road, Suite B-2	
Name of Registered Agent: CT Corporation System	
Name of Chief Executive Officer: Stephen Pirri	
CEO Address: 2400 Dallas Parkway, Suite 350, Plano, Texas 75093	
Telephone Number: 214.736.2700	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ 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.		
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: Edward Clancy
Title: Attorney
Company Name: Nixon Peabody LLP
Address: 70 W. Madison Suite 3500, Chicago, Illinois 60602
Telephone Number: 312.977.4487
E-mail Address: eclancy@nixonpeabody.com
Fax Number: 844.556.0737

Additional Contact

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

Name: Erica Gniska
Title: Attorney
Company Name: Nixon Peabody LLP
Address: 70 W. Madison Suite 3500, Chicago, Illinois 60602
Telephone Number: 312.977.4409
E-mail Address: elgniska@nixonpeabody.com
Fax Number: 855.324.3939

Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: U.S. Renal Care, Inc.
Address: 2400 Dallas Parkway Suite 350, Plano, Texas 75093
Name of Registered Agent: CT Corporation System
Name of Chief Executive Officer: Stephen Pirri
CEO Address: 2400 Dallas Parkway Suite 350, Plano, Texas 75093
Telephone Number: 214.736.2700

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ 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.		

Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: USRC Alliance, LLC
Address: 2400 Dallas Parkway Suite 350, Plano, Texas 75093
Name of Registered Agent: CT Corporation System
Name of Chief Executive Officer: Stephen Pirri
CEO Address: 2400 Dallas Parkway Suite 350, Plano, Texas 75093
Telephone Number: 214.736.2700

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ 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.	

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: Thomas L. Weinberg
Title: Senior Vice President and General Counsel
Company Name: U.S. Renal Care, Inc.
Address: 2400 Dallas Parkway Suite 350, Plano, Texas 75093
Telephone Number: 214.736.2700
E-mail Address: Tweinberg@usrenalcare.com
Fax Number: 214.736.2701

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: H.P. Square Shopping Center, LLC
Address of Site Owner: 830 S. Buffalo Grove Road, Buffalo Grove, IL 60089
Street Address or Legal Description of Site: 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: USRC Hickory Hills, LLC			
Address: 9528 S. Roberts Road, Suite B-2, Hickory Hills, IL 60457-2239			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	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. - 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

[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

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.

USRC Hickory Hills, LLC ("Applicant") proposes to establish a 13 station in-center hemodialysis facility at 9528 S. Roberts Road in Hickory Hills (the "Facility"), which is in Health Service Area 7. The Facility will utilize leased space, which Applicant will build out. The Facility will provide both in-center hemodialysis and peritoneal dialysis for patients with end stage renal disease.

The Project is categorized as "substantive" under the Illinois Health Planning Act, as it contemplates the establishment of an in-center hemodialysis facility.

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	760,500	409,500	1,170,000
Contingencies	5,057	2,723	7,780
Architectural/Engineering Fees	39,000	21,000	\$60,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	278,986.50	150,223.50	429,210
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	514,393.75	276,981.25	\$791,375
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	1,597,937.25	860,427.75	2,458,365
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,083,543.50	583,446.50	1,666,990
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	514,393.75	276,981.25	791,375
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	1,597,937.25	860,427.75	2,458,365
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 \$ <u>75,820</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
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): _____	
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:	
N/A	☐ Cancer Registry
N/A	☐ APORS
	☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
N/A	☐ 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							
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.							

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

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.

This Application for Permit is filed on the behalf of USRC Hickory Hills, 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.



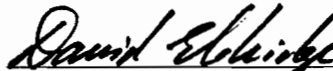
SIGNATURE

Thomas Weinberg

PRINTED NAME

Manager

PRINTED TITLE



SIGNATURE

David Eldridge

PRINTED NAME



PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 14th day of June 2014

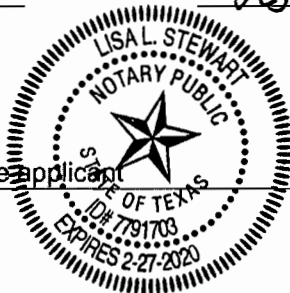
Notarization:

Subscribed and sworn to before me
 this 13th day of June 2014



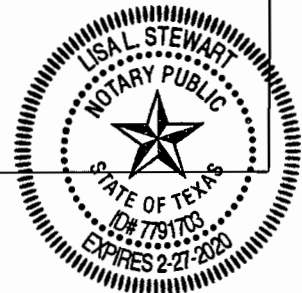
Signature of Notary

Seal




Signature of Notary

Seal



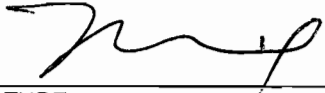
*Insert EXACT legal name of the applicant

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 U.S. Renal Care, 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

Thomas L. Weinberg

PRINTED NAME

Senior Vice-President

PRINTED TITLE



SIGNATURE

James D. Shelton

PRINTED NAME

Executive Vice-President

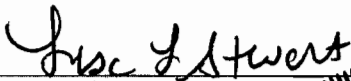
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of June 2014

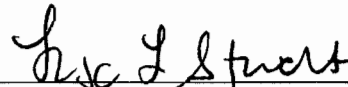
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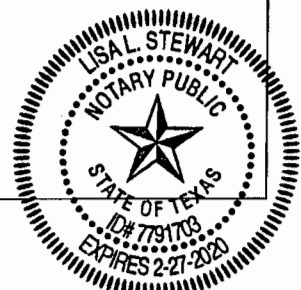
Signature of Notary

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Signature of Notary

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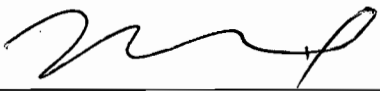
*Insert EXACT legal name of the applicant

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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.



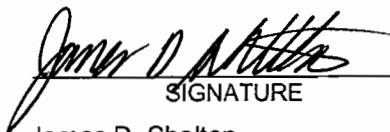
SIGNATURE

Thomas L. Weinberg

PRINTED NAME

Manager

PRINTED TITLE



SIGNATURE

James D. Shelton

PRINTED NAME

Manager

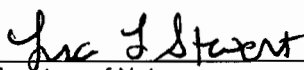
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of June 2014

Notarization:

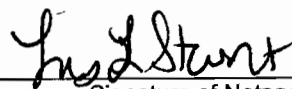
Subscribed and sworn to before me
this 13th day of June 2014



Signature of Notary

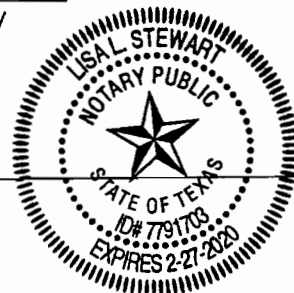
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Signature of Notary

Seal



*Insert EXACT legal name of the applicant(s)

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 Board 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: NOT APPLICABLE

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 tot 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: NOT APPLICABLE

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

- Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
- Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	13

- 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.

- 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:**

\$1,666,990	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	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;
	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.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$791,375	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:
	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.
	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;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$2,458,365	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. 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
4. 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-37, 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	NOT APPLICABLE: Applicants meet the financial waiver criteria. They are funding all of the Project's capital expenditures completely through internal resources.			
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

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 38, 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
	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 -39, 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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 40, 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			

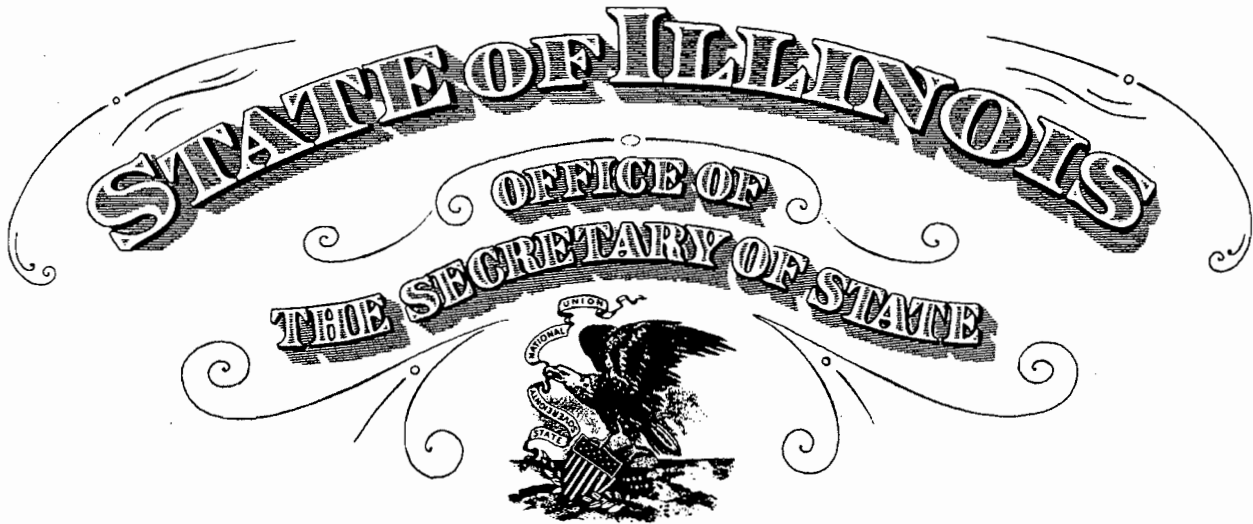
APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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/Coapplicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
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	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	
40	Safety Net Impact Statement	
41	Charity Care Information	

Certificates of Good Standing

Copies of the certificates of good standing for the Applicants and Co-Applicants follow this page.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

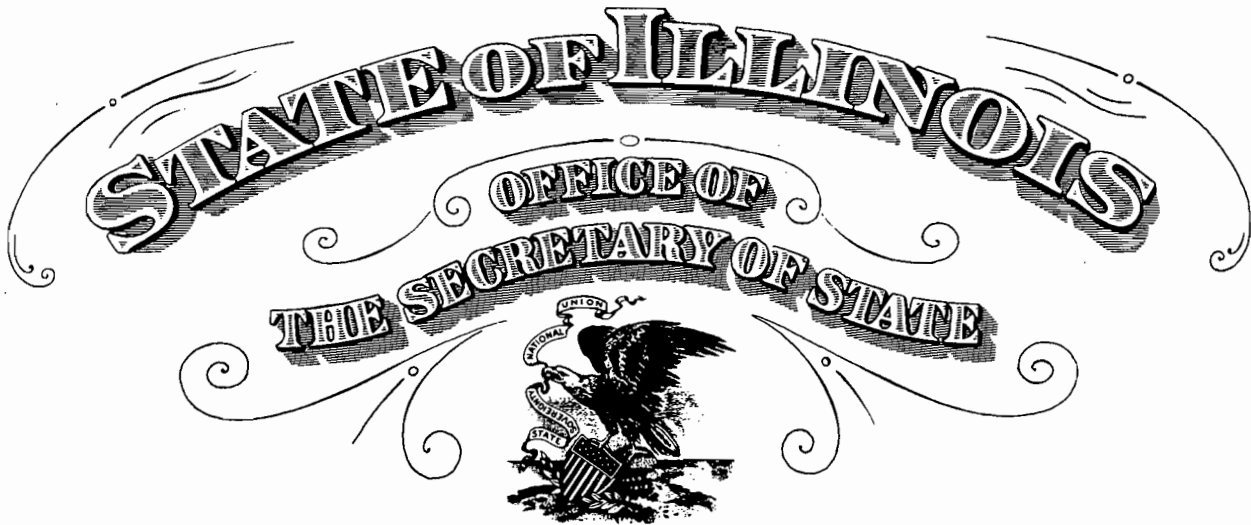
USRC HICKORY HILLS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 6TH
day of JUNE A.D. 2016 .***

Jesse White

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 I am the keeper of the records of the Department of Business Services. I certify that

U.S. RENAL CARE, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MAY 17, 2011, 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 15TH
day of JUNE A.D. 2016 .***

Jesse White

SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USRC ALLIANCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4882653 8300

SR# 20164491324

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202502422

Date: 06-16-16

Site Ownership or Control

A copy of the Letter of Intent to lease the building in which the dialysis facility will be located follows this page. It shows that Applicant will control the site of the proposed facility.



5001 Spring Valley Road
Suite 400W
Dallas, Texas 75244
Phone: 214-446-4525
Fax: 214-446-4571

April 22, 2016

Mr. Adam Foret
CBRE
700 Commerce Drive
Oak Brook, IL 60523

**RE: REQUEST FOR PROPOSAL FOR PROPERTY LOCATED AT:
HICKORY PALOS SHOPPING CENTER – 9512-9644 S ROBERT RD, HICKORY HILLS, IL (“BUILDING”)
SUITE #TBD (THE “PREMISES”)**

Dear Adam:

An Undisclosed Medical User (“Tenant”) has determined that the above referenced space meets its criteria for a possible clinic location. This proposed location will serve as an out-patient medical clinic for the Hickory Hills, IL area.

Please reply by providing the requested information in the right column. If you are in agreement with the terms, please state “Agreed” in the column to the right

PREMISES / LEASE TERM:	Tenant will require approximately 7,000-7,500 square feet. Please propose an address, dedicated suite number and rentable square footage. Please propose a ten (10) year term with the right to terminate at any time after 60 months with 120-days written notice.	B-2 – 6,500 – 7,000 SF (whichever causes the demising wall to fall on an existing column) 10 Year lease term from rent commencement. No right to terminate
BUILDING:	1. Please provide county, address, the nine (9) digit zip code, suite number and year built. 2. Please indicate the total rentable square footage of the Building and the year it was completed.	9528 S Roberts Road, Suite B-2, Hickory Hills, IL 60457 County - Cook County Total GLA – 200,012 SF Built - 1985
OWNERSHIP:	Please provide the full legal name, mailing address and social security number/federal tax identification number of the legal owner of the Building. If the owner is not an individual, please describe the type of entity (e.g. “an Ohio corporation...”).	H.P. Square Shopping Center, LLC 830 S. Buffalo Grove Rd, Suite 106 Buffalo Grove, IL 60089



RENTAL RATE/ CONCESSIONS:	Please provide an aggressive, market sensitive fixed rate with corresponding concessions on a ten (10) year term. Please indicate the structure of the rental rate (net, gross or full service) and all costs and/or services not included in the rent.	\$13.50 PSF Base Rent with 10% increases every 5 years. Net lease – Net charges are \$6.23 PSF
LEASE COMMENCEMENT:	1. Landlord must deliver the Premises in warm shell condition per mutually acceptable specs within thirty (30) days of lease execution. 2. Rent will commence one hundred twenty (120) days after issuance of a Certificate of Occupancy by the City of Chicago.	Delivery within 120 days of Tenant's receipt of Certificate of Need Tenant will required 120 days to complete construction – Agreed Lease Commencement is contingent on Tenant acquiring Certificate of Need from the State of Illinois.
RENEWAL OPTION:	Please propose two (2) consecutive, five (5) year lease renewal options at fixed rates .	Two (2) – Five (5) year options to renew with 10% increases at the beginning of each option.



TENANT IMPROVEMENT ALLOWANCE (TENANT PERFORMS):	1. Landlord shall deliver the Premises in warm shell condition per Tenant's specs which have been listed in the section below. 2. Please provide a market sensitive Tenant Improvement Allowance for a ten (10) year term. 3. After delivery of the Premises, Tenant shall complete all necessary tenant improvements to the Premises pursuant to a space plan and specifications to be prepared by Tenant, approved by Landlord. 4. Tenant shall not be required to pay Landlord any construction management or supervisory fee for any tenant improvements.	4. Landlord to deliver the Landlord to deliver the Premises in the below stated warm shell condition. Landlord to provide a Tenant Improvement allowance of \$20.00 PSF Agreed Agreed
RELOCATION	Landlord will agree not to relocate Tenant within the property.	Agreed



TENANT SPECS:	Tenant will require Landlord, at its expense, to provide specifications listed below. 1. 2" diameter incoming water line brought to the Premises that is dedicated, independent, and separately metered, paid for by Landlord. 2. The presence of sewer service with no less than a 4" line into the premises of sufficient invert depth that will allow Tenant to install toilet fixtures at the farthest distance from the sewer line. 3. If the Premises is not sprinklered, then Landlord will agree to run a separate water line, per Tenant's specs, for a sprinklered ceiling. 4. 208V 3Phase power with panel inside the Premises per Tenant's specifications or approximately 600 amps with gas, and 800 amps without gas. 5. Gas line with separate meter running to the Premises. 6. HVAC to be installed per Tenant's engineered specifications. 7. Landlord will provide a smooth and clean concrete floor. 8. Current asbestos survey. 9. Fully engineered as built drawings of the Premises. 10. The subject property shall not be located within a 100 year flood plain. 11. The property shall not be located within 150 feet of easement boundaries or setbacks of hazardous underground locations including but not limited to liquid butane or propane, liquid petroleum or natural gas transmission lines, high pressure lines, and not within the easement of high voltage electrical lines. 11. Landlord grants Tenant the right to construct freight door and a freight drop off area.	Agreed
BASE YEAR / OPERATING EXPENSES:	Please provide a break-down of costs for all operating expenses for which Tenant will be responsible.	To be given at lease generation



SIGNAGE:	Tenant shall have the right to prominently display its company name and logo on the building façade and monument. Please describe building standard signage rights along with signage criteria.	Agreed
PARKING:	Tenant will require 5 marked reserved handicapped spaces located at or near the entrance of the Premises, 10 marked reserved visitor spaces located near the entrance of the Premises, and 20 marked spaces which will be located in the Building parking area.	Agreed
RIGHT OF FIRST REFUSAL:	1. Tenant shall have a Right of First Refusal on any adjacent suite(s).	Agreed
	2. Tenant shall have 15 business days from receipt of written notice from Landlord to exercise its Right of First Refusal.	Agreed
	3. If Tenant exercises its Right of First Refusal, Tenant shall lease the additional space for a term that is coterminous with its Lease for the Premises and at the rental rate(s) and other Lease terms in effect, with a pro rated construction allowance.	Agreed
MISCELLANEOUS:	1. Tenant will require the right to allow a tractor trailer (18 wheeler) to deliver supplies in the delivery area located behind the Building.	Agreed
	2. If an awning doesn't currently exist, Landlord will allow Tenant, at its own expense to install an awning at the front of the Premises for a patient drop off/ pick up area.	Agreed
	3. Tenant will be allowed to install a satellite dish with a weather head and 20amp dedicated circuit on the roof of the Building.	Agreed
	4. Tenant will be allowed to install a floor scale in its Premises.	Agreed
ASSIGNMENT OF LEASE:	Landlord shall provide automatic consent to an assignment if assignee has a net worth greater than or equal to assignor.	Agreed



TERMINATION OPTION:	No right to terminate	
HOLDOVER:	Tenant shall have the right to holdover for three (3) months after term expiration at the same rate as the last month of the lease term. After the third month, the holdover rate shall increase to 150% of the rent for the last month of the lease term.	
HIPAA COMPLIANCE PROVISION:	Landlord acknowledges that Tenant is subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 and related regulations ("HIPAA"), and that HIPAA requires Tenant to ensure the safety and confidentiality of patient medical records. Landlord further acknowledges that, in order for Tenant to comply with HIPAA, Tenant must restrict access to the portions of the Property where patient medical records are kept or stored. Landlord hereby agrees that, notwithstanding the rights granted to Landlord, except when accompanied by an authorized representative of Tenant, neither Landlord nor its employees, agents, representatives or contractors shall be permitted to enter those areas of the Property designated by Tenant as locations where patient medical records are kept and/or stored or where such entry is prohibited by applicable state or federal health care privacy laws.	Agreed
BROKER / DISCLOSURE:	Both Landlord and Tenant recognize and acknowledge that the Tenant is represented by Howard Watkins with Transwestern as procuring Broker, in this transaction. Landlord agrees to pay a procuring brokerage commission of 4% per a separate agreement.	Agreed
NON-DISTURBANCE:	Landlord shall obtain a non-disturbance agreement in form and substance reasonably acceptable to Tenant from all existing and future mortgagees.	Agreed



Each of the aforementioned issues should be addressed thoroughly in the proposal. Any items of consequence that were overlooked in this request that would further distinguish this building from the competition should be included with the proposal.

This proposal should be submitted to my office no later than Friday, April 29. Please forward the Proposal to my attention at the address indicated on the letterhead. This Request for Proposal is a request only and is not intended to legally bind either party.

Very truly yours,

Howard Watkins

Agreed and Accepted for Landlord:

Signature

Printed Name

K.T. YOOSMEI

Date

6/10/16

Agreed and Accepted for Tenant:

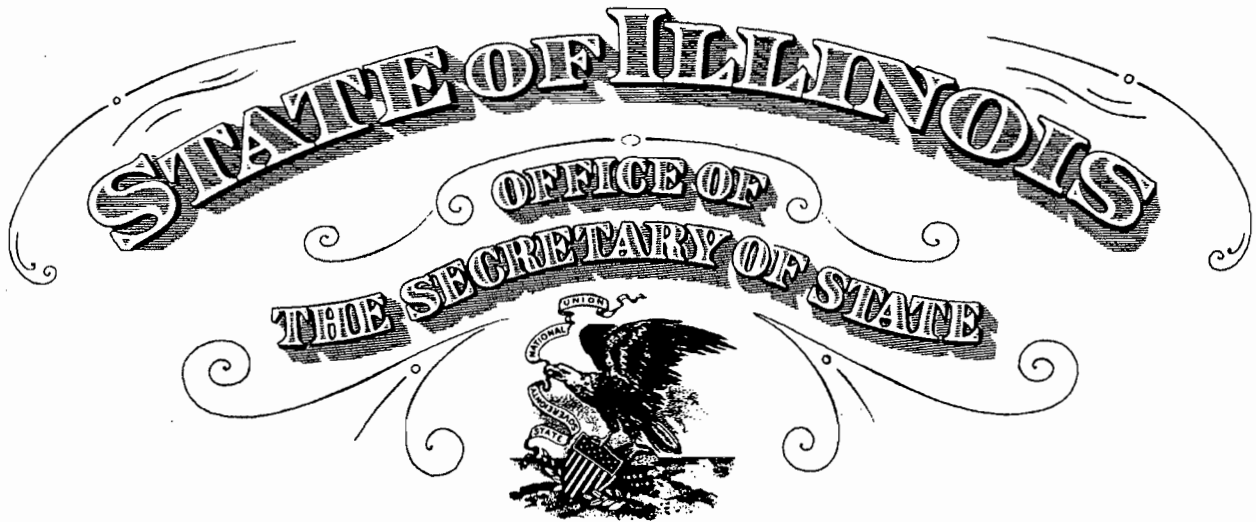
Signature

Printed Name

Date

Operating Identity

USRC Hickory Hills, LLC ("Operator") will operate the proposed facility. A copy of its certificate of good standing follows this page.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

USRC HICKORY HILLS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2016, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



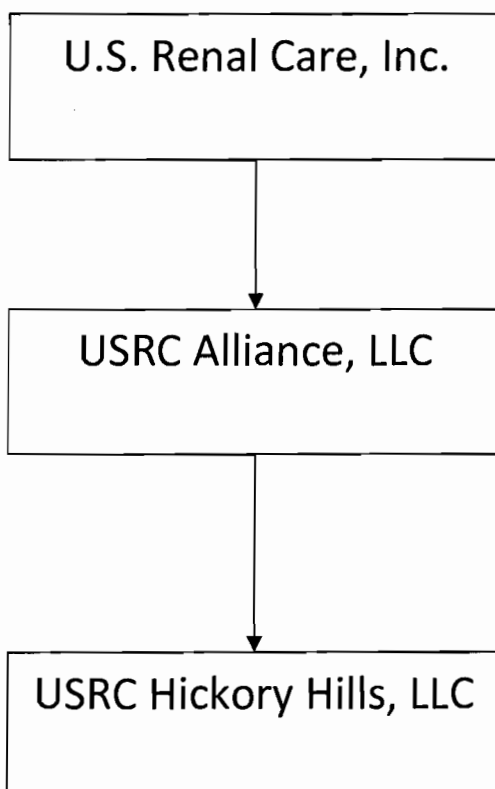
In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 6TH
day of JUNE A.D. 2016 .

Jesse White

SECRETARY OF STATE

Organizational Relationships

The following organizational chart shows the organization of Applicant, Co-Applicants, and their related parties.



Flood Plain Requirements

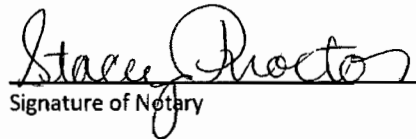
A copy of the flood plain map for the proposed site of the facility follows this page. The map shows that the proposed site is not in a flood plain area and that it complies with the requirements of Illinois Executive Order # 2006-5.

Attestation

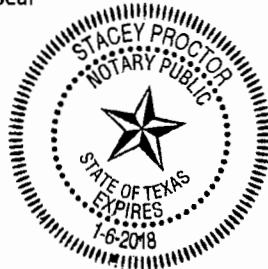
To the best of my knowledge, I attest that the proposed project is not in a flood plain area.

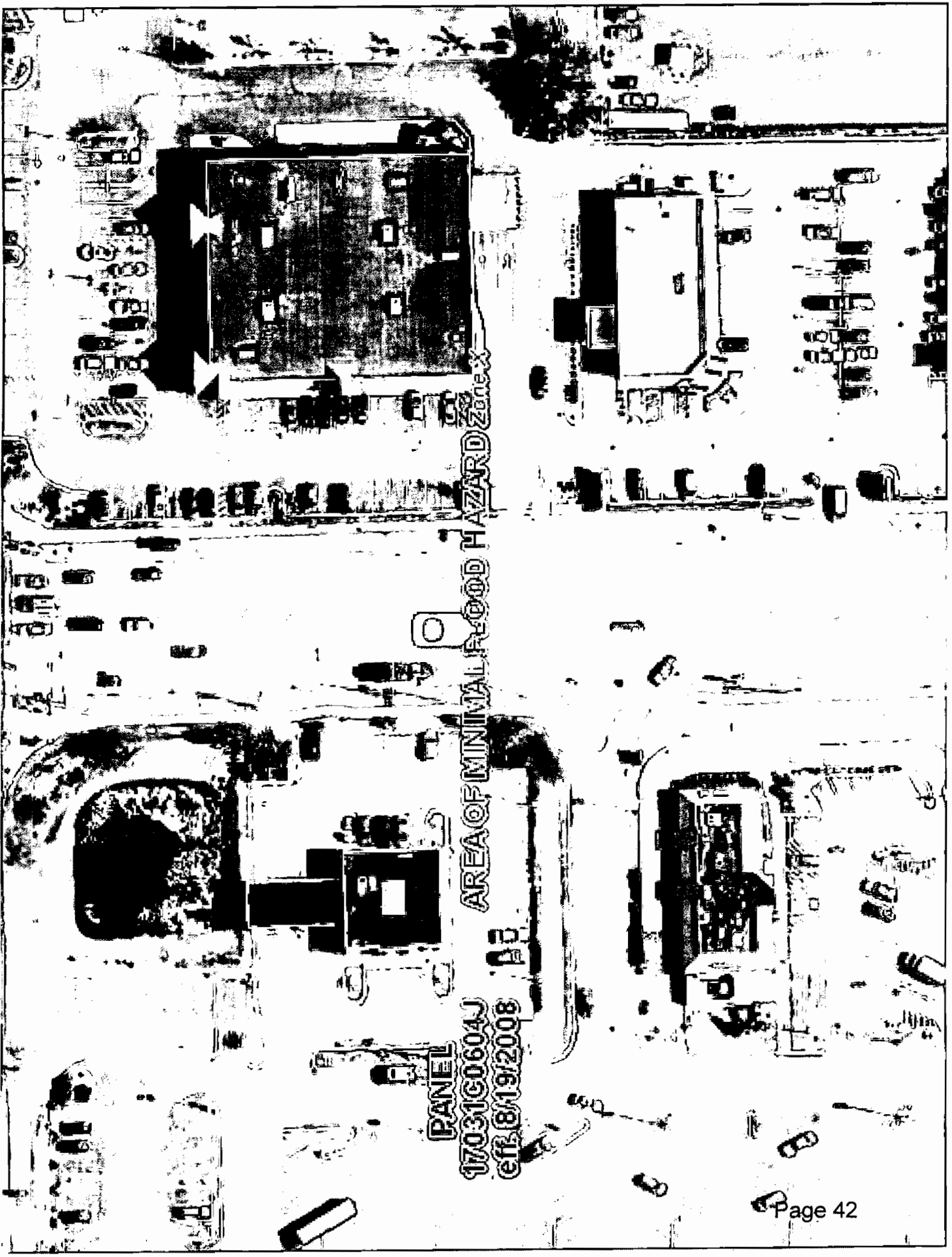

James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal





AREA OF MINIMAL FLOOD HAZARD ZONE

PANEL

17031G0604J

eff 8/19/2008

Illinois Historic Preservation Agency Letter

A copy of a letter from the Illinois Historic Agency follows this page. The letter states that the proposed project complies with the requirements of the Illinois Historic Resources Presentation Act.



Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

www.illinoishistory.gov

Cook County

Hickory Hills

CON - Lease to Establish a Dialysis Facility, USRC Hickory Hills

9512-9644 S. Roberts Rd.

IHPA Log #019052016

June 10, 2016

Edward Clancy

Nixon Peabody LLP

70 W. Madison St., Suite 3500

Chicago, IL 60602

Dear Mr. Clancy:

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 David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

Project Costs/ Sources of Funds

Project Costs and Sources of Funds

The following table lists costs associated with the project. For any component of a project that involves a lease, donation, gift, or other project cost or source of funds, the chart includes the fair market or dollar value of the component in the estimated project cost. The Nonclinical column of the chart contains non-reviewable components, unrelated to the provision of health care. Note, the use and sources of funds equal each other.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	760,500	409,500	1,170,000
Contingencies	5,057	2,723	7,780
Architecture/Engineering Fees	39,000	21,000	60,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	278,986.50	150,223.50	429,210
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	514,393.75	276,981.25	791,375
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	1,597,937.25	860,427.75	2,458,365
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,083,543.50	583,446.50	1,666,990
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	514,393.75	276,981.25	791,375
Government Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	1,597,937.25	860,427.75	2,458,365
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE IN NUMERIC SEQUENTIAL ORDER.			

Project Status and Completion Schedule

The applicable information is contained on page 6 of the Application. There is no additional information.

Cost Space Requirements

The following chart sets forth the department gross square footage ("DGSF") and the cost of the Project. The sum of the department costs equals the total estimated project costs. Applicant is not reallocating any space for a different purpose. The indicated square footage includes outside wall measurements, plus the department's or area's portion of the surrounding circulation 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	1,597,937.25		4,225		4,225		
Total Clinical	1,597,937.25		4,225		4,225		
NON-REVIEWABLE							
Non-Clinical (space for administration, mechanical equipment, waiting room, etc.)	860,427.75		2,275		2,275		
Total Non-clinical	860,427.75		2,275		2,275		
TOTAL	2,458,365		6,500		6,500		

Background of Applicant

Applicant either owns or operates the following facilities.

DCA of Columbus, LLC d/b/a U.S. Renal Care Columbus
Dialysis
2360 Citygate Drive
Columbus Ohio 43219
(614) 428-4001
EIN: 20-8388926
License No. 0880DC
Medicare No.: 362662

DCA of Delaware County, LLC d/b/a U.S. Renal Care
Delaware County Dialysis
1788 Columbus Pike
Delaware Ohio 43015
(740) 369-4870
EIN: 20-5799636
License No. 0871DC
Medicare No.: 362713

DCA of Eastgate, LLC d/b/a U.S. Renal Care Eastgate
Dialysis
4600 Beechwood Rd Suite 900
Cincinnati Ohio 45244
(513) 528-3222
EIN: 26-4578574
License No. 0968DC
Medicare No.: 362762

DCA of Edgefield, LLC d/b/a U.S. Renal Care Edgefield
Dialysis
306 Main St
Edgefield South Carolina 29824
(803) 637-3225
EIN: 20-2131213
License No. ERD-0149
Medicare No.: 422602

DCA of Fitzgerald, LLC d/b/a U.S. Renal Care Fitzgerald
Dialysis
402 S Grant Street
Fitzgerald GA 31750
(229) 409-2221
EIN: 58-2596232
License No. ESRD001191
Medicare No.: 112698

USRC Downtown San Antonio, LLC d/b/a U.S. Renal
Care Downtown San Antonio Dialysis
343 W Houston St Suite 209
San Antonio Texas 78205
(210) 251-2824
EIN: 26-3721871
License No. 110024
Medicare No.: 67-2672

USRC Eagle Pass, LLC d/b/a U.S. Renal Care Maverick
County Dialysis
3420 Amy Street
Eagle Pass, Texas 78852
(830) 773-8878
EIN: 56-2533704
License No. 008305
Medicare No.: 67-2534

USRC East Ft Worth LP d/b/a U.S. Renal Care Tarrant
Dialysis East Fort Worth
6450 Brentwood Stair Rd
Fort Worth Texas 76112
(817) 888-3015
EIN: 27-3360902
License No. 110078
Medicare No.: Pending

USRC Edinburg, LP d/b/a U.S. Renal Care Edinburg
Dialysis
206 Conquest
Edinburg, Texas 78539
(956) 383-8488
EIN: 41-2166757
License No. 008539
Medicare No.: 45-2890

USRC Friendswood Dialysis, LLC d/b/a U.S. Renal Care
Friendswood Dialysis
3324 E FM 528
Friendswood Texas 77546
(281) 993-5067
EIN: 26-1527903
License No. 008692
Medicare No.: 672624

DCA of Hawkinsville, LLC d/b/a U.S. Renal Care
Hawkinsville Dialysis
292 Industrial Boulevard, Suite 100
Hawkinsville Georgia 31036
(478) 892-8008
EIN: 20-8548207
License No. ESRD001199
Medicare No.: 112707

DCA of Hyattsville, LLC d/b/a U.S. Renal Care Hyattsville
Dialysis
4920 LaSalle Road
Hyattsville, Maryland 20782
(301) 277-0490
EIN: 26-3674421
License No. E2620
Medicare No.: 212620

DCA of Kenwood, LLC d/b/a U.S. Renal Care Kenwood
Dialysis
5150 E Galbraith Rd
Cincinnati Ohio 45236
(513) 791-2698
EIN: 26-4578451
License No. 0956DC
Medicare No.: 362759

DCA of Mechanicsburg, LLC d/b/a U.S. Renal Care
Mechanicsburg Dialysis
120 South Filbert Street
Mechanicsburg Pennsylvania 17055
(717) 790-6080
EIN: 23-3078802
License No. N/A
Medicare No.: 392691

DCA of North Baltimore, LLC d/b/a U.S. Renal Care
North Baltimore Dialysis
2700 N Charles Street Suite 102
Baltimore Maryland 21218
(410) 243-4193
EIN: 20-4373297
License No. E2577
Medicare No.: 212577

DCA of Norwood, LLC d/b/a U.S. Renal Care Norwood
Dialysis
1721 Tennessee Ave
Cincinnati Ohio 45229
(513) 242-6733
EIN: 86-1117490
License No. 0773DC
Medicare No.: 362681

USRC Gateway Dialysis, LLC d/b/a U.S. Renal Care
Gateway Dialysis
7171 New Hwy 90 West Suite 101
San Antonio, Texas 78227
(210) 673-9200
EIN: 26-2064040
License No. 008664
Medicare No.: 45-2851

USRC Grove, LLC d/b/a U.S. Renal Care Grove Dialysis
1200 NEO Loop Suite B&C
Grove, Oklahoma 74344
(918) 787-2900
EIN: 27-2194282
License No. N/A
Medicare No.: Pending

USRC Harlingen, LP d/b/a U.S. Renal Care Harlingen
Dialysis
4302 Sesame Drive
Harlingen, Texas 78550
(956) 365-4103
EIN: 41-2166755
License No. 008196
Medicare No.: 45-2817

USRC Kingwood, LP d/b/a U.S. Renal Care Kingwood
Dialysis
24006 Hwy 59 North
Kingwood Texas 77339
(713) 741-7059
EIN: 20-8996067
License No. 008603
Medicare No.: 672604

USRC Laredo South LP d/b/a U.S. Renal Care Laredo
South Dialysis
4602 Ben Cha Road
Laredo, Texas 78041
(956) 668-8484
EIN: 20-5786850
License No. 008497
Medicare No.: 67-2566

USRC Laredo, LP d/b/a U.S. Renal Care Laredo Dialysis
6801 McPherson Road Suite 107
Laredo, Texas 78041
(956) 725-1202
EIN: 41-2166761
License No. 008197
Medicare No.: 45-2823

DCA of Pottstown, LLC d/b/a U.S. Renal Care Pottstown
Dialysis
5 S Sunnybrook Rod Suite 500
Pottstown Pennsylvania 19464
(610) 718-1127
EIN: 47-0924656
License No. N/A
Medicare No.: 392707

DCA of Rockville, LLC d/b/a U.S. Renal Care Rockville
Dialysis
11800 Nebel Street
Rockville Maryland 20852
(301) 468-3221
EIN: 06-1707727
License No. E2641
Medicare No.: 212641

DCA of Royston, LLC d/b/a U.S. Renal Care Royston
Dialysis
611 Cook Street
Royston Georgia 30662
(706) 2345-0817
EIN: 20-0546217
License No. ESRD001105
Medicare No.: 112719

DCA of SO GA, LLC d/b/a U.S. Renal Care South Georgia
Dialysis
3564 N Crossing Cir
Valdosta Georgia 31602
(229) 249-3222
EIN: 22-3715287
License No. ESRD001180
Medicare No.: 112688

DCA of South Aiken, LLC d/b/a U.S. Renal Care South
Aiken Dialysis
169 Crepe Myrtle Drive
Aiken South Carolina 29803
EIN: 20-2130991
License No. ERD-0156
Medicare No.: 422604

DCA of Toledo, LLC d/b/a U.S. Renal Care Bowling
Green Dialysis
1037 Conneaut Ave Suite 101
Bowling Green Ohio 43402
(419) 353-1080
EIN: 34-1933418
License No. 0631DC
Medicare No.: 362630

USRC McAllen, LP d/b/a U.S. Renal Care McAllen
Dialysis
1301 East Ridge Road Suite C
McAllen, Texas 78503
(956) 668-8484
EIN: 41-2166763
License No. 008198
Medicare No.: 45-2820

USRC Medina County Dialysis, LLC d/b/a U.S. Renal Care
Medina County Dialysis
3202 Avenue G
Hondo, Texas 78861
(830) 426-3843
EIN: 26-2175292
License No. 007311
Medicare No.: 45-2765

USRC Mid Valley Weslaco LP d/b/a U.S. Renal Care Mid
Valley Weslaco Dialysis
1005 South Airport Drive
Weslaco, Texas 78596
(956) 581-8489
EIN: 41-2166767
License No. 008429
Medicare No.: 45-2870

USRC Mineral Wells, LP d/b/a U.S. Renal Care Tarrant
Dialysis Mineral Wells
2611 Highway 180 West
Mineral Wells Texas 76067
(940) 468-2704
EIN: 26-4113811
License No. 110043
Medicare No.: 67-2660

USRC Mission, LP d/b/a U.S. Renal Care Mission Dialysis
1300 S Bryan Rd Suite 107
Mission, Texas 78572-6626
(956) 581-8489
EIN: 41-2166764
License No. 110005
Medicare No.: 67-2502

USRC Murray County, LLC d/b/a U.S. Renal Care Murray
County Dialysis
108 Hospital Drive
Chatsworth Georgia 30705-2058
(706) 517-4818
EIN: 27-3989608
License No. ESRD001178
Medicare No.: 11-2685

DCA of Vineland, LLC d/b/a U.S. Renal Care Vineland
Dialysis
1450 East Chestnut Avenue, Bldg 2 Suite C
Vineland NJ 08361
(856) 692-9060
EIN: 52-2180919
License No. 22278
Medicare No.: 312551

DCA of Warsaw, LLC d/b/a U.S. Renal Care Warsaw
Dialysis
4709 Richmond Rd
Warsaw VA 22572
(804) 333-4444
EIN: 13-4226110
License No. N/A
Medicare No.: 492627

DCA of Wellsboro, Inc. d/b/a U.S. Renal Care Wellsboro
Dialysis
223 Tioga Street
Wellsboro Pennsylvania 16901
(570) 724-3188
EIN: 25-1762601
License No. N/A
Medicare No.: 392602

DCA of West Baltimore, LLC d/b/a U.S. Renal Care West
Baltimore Dialysis
22 S Athol Street
Baltimore Maryland 21229
(410) 947-3227
EIN: 75-3170570
License No. E2647
Medicare No.: 112647

DCA of York, LLC d/b/a U.S. Renal Care York Dialysis
1975 Kenneth Rd
York Pennsylvania 174808
(717) 764-8322
EIN: 76-0792137
License No. N/A
Medicare No.: 392731

Keystone Kidney Care, Inc. d/b/a U.S. Renal Care
Bedford Dialysis
141 Memorial Drive
Everett Pennsylvania 15537
(814) 623-2977
EIN: 25-1663054
License No. N/A
Medicare No.: 392612

USRC N Richland Hills LP d/b/a U.S. Renal Care Tarrant
Dialysis North Richland Hills
6455 Hilltop Drive Suite 112
North Richland Hills, Texas 76180-6039
(817) 877-3934
EIN: 16-1774637
License No. 008430
Medicare No.: 67-2554

USRC Oak Brook, LLC d/b/a U.S. Renal Care Oak Brook
Dialysis
EIN: 45-2119444
Medicare No.: *under construction*

USRC Rio Grande LP d/b/a U.S. Renal Care Rio Grande
Dialysis
2787 Pharmacy Road
Rio Grande City, Texas 78582
EIN: 41-2166762
(956) 487-2929
EIN: 41-2166762
License No. 008668
Medicare No.: 45-2664

USRC SA Bandera Road LLC d/b/a U.S. Renal Care
Bandara Road Dialysis
7180 Bandera Road
San Antonio, Texas 78238
(210) 403-9493
EIN: 90-0185327
License No. 008087
Medicare No.: 45-2895

USRC SA Houston Street, LLC d/b/a U.S. Renal Care
Houston Street Dialysis
2011 East Houston Street Suite 102d
San Antonio, Texas 78202
(210) 225-0004
EIN: 34-2011633
License No. 008134
Medicare No.: 67-2506

USRC SA Pleasanton Road, LLC d/b/a U.S. Renal Care
Pleasanton Road Dialysis
1515 Pleasanton Road
San Antonio, Texas 78221
(210) 922-6255
EIN: 20-8968868
License No. 008588
Medicare No.: 67-2510

Keystone Kidney Care, Inc. d/b/a U.S. Renal Care
Huntingdon Dialysis
820 Bryan Street Suite 4
Huntingdon Pennsylvania 16652
(814) 643-3600
EIN: 25-1663054
License No. N/A
Medicare No.: 392656

Pine Bluff Dialysis, Inc. d/b/a Kidney Center of McGehee
610 Holly Street
McGehee, Arizona 71654-2109
(870) 222-6700
EIN: 71-0855258
License No. N/A
Medicare No.: 04-2565

Pine Bluff Dialysis, Inc. d/b/a Pine Bluff - U.S. Renal Care
2302 W 28th Ave, Suite C
Pine Bluff, Arizona 71603-5081
(870) 534-7400
EIN: 71-0855258
License No. N/A
Medicare No.: 04-2564

U.S. Renal Care Boerne, LLC d/b/a U.S. Renal Care
Boerne Dialysis
1595 South Main Suite 107
Boerne, Texas 78006
(830) 816-3030
EIN: 43-2099925
License No. 008371
Medicare No.: 67-2563

U.S. Renal Care Home Therapies, LLC
1313 La Concha Lane
Houston, Texas 77054-1809
(713) 668-2744
EIN: 32-0223510
License No. 008644
Medicare No.: 45-2840

U.S. Renal Care of Northeast Arkansas LLC d/b/a
Paragould - U.S. Renal Care
901 W Kings Highway
Paragould, Arizona 72450
(870) 215-0187
EIN: 62-1826477
License No. N/A
Medicare No.: 04-2562

USRC SA Tri County LLC d/b/a U.S. Renal Care Tri
County Dialysis
14832 Main Street
Lytle, Texas 78052
(830) 772-5784
EIN: 42-1639878
License No. 008135
Medicare No.: 67-2507

USRC San Benito Dialysis Ltd d/b/a U.S. Renal Care San
Benito Dialysis
295 North Sam Houston
San Benito, Texas 78586
(956) 668-8484
EIN: 41-2166758
License No. 008215
Medicare No.: 67-2514

USRC Streamwood, LLC d/b/a U.S. Renal Care
Streamwood Dialysis
EIN: 45-2119831
Medicare No.: *under construction*

USRC SW Ft Worth LP d/b/a U.S. Renal Care Tarrant
Dialysis Southwest Fort Worth
5127 Old Granbury Road
Fort Worth, Texas 76133-2017
(817) 877-3934
EIN: 16-1774638
License No. 008443
Medicare No.: 67-2559

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
Central Fort Worth
4201 East Berry Street Suite 8
Fort Worth, Texas 76105
(817) 531-0326
EIN: 87-0746621
License No. 008457
Medicare No.: 45-2799

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
Fort Worth
1001 Pennsylvania Avenue
Fort Worth, Texas 76104
(817) 877-5907
EIN: 87-0746621
License No. 008467
Medicare No.: 45-2579

USRC Advanced Home Therapies, LLC
396 Remington Blvd Suite 140
Bolingbrook IL 60440-4311
(630) 495-9356
EIN: 45-1627715
License No. N/A
Medicare No.: Pending

USRC Altoona, LLC d/b/a U.S. Renal Care Altoona
Dialysis
200 E Chestnut Ave Suite 3-A
Altoona Pennsylvania 16601
(814) 942-2569
EIN: 27-3164836
License No. N/A
Medicare No.: 39-2786

USRC Atascosa County Dialysis, LLC d/b/a U.S. Renal
Care Atascosa County Dialysis
1320 W Oaklawn Rd
SUITE G&H
Pleasanton, Texas 78064-4304
(830) 569-3052
EIN: 26-1394783
License No. 008674
Medicare No.: 672631

USRC Azle, LP d/b/a U.S. Renal Care Tarrant Dialysis
Azle
605 Northwest Parkway Suite 1
Azle Texas 76020
(817) 406-4331
EIN: 26-4113763
License No. 110026
Medicare No.: 672652

USRC Bellaire Dialysis, LLC d/b/a U.S. Renal Care Bellaire
Dialysis
7243 Bissonnet Drive Suite A
Houston Texas 77074
(713) 988.7200
EIN: 26-1527679
License No. 110013
Medicare No.: 67-2657

USRC Bolingbrook, LLC d/b/a U.S. Renal Care
Bolingbrook Dialysis
EIN: 45-2119207
Medicare No.: under construction

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
Grand Prairie
1006 North Carrier Parkway
Grand Prairie, Texas 75050
(972) 263-7202
EIN: 87-0746621
License No. 008468
Medicare No.: 45-2855

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
Mansfield
1800 Hwy 157 North Suite 101
Mansfield, Texas 76063-3930
(682) 518-0126
EIN: 87-0746621
License No. 008464
Medicare No.: 45-2896

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
North Fort Worth
1978 Ephriham Avenue
Fort Worth, Texas 76106-6670
(817) 624-7811
EIN: 87-0746621
License No. 008454
Medicare No.: 45-2838

USRC Tarrant LP d/b/a U.S. Renal Care Tarrant Dialysis
South Fort Worth
12201 Bear Plaza
Burleson, Texas 76028
(817) 293-1978
EIN: 87-0746621
License No. 110071
Medicare No.: 45-2637

USRC Tarrant, LP d/b/a U.S. Renal Care Tarrant Dialysis
Arlington
203 West Randol Mill Road
Arlington, Texas 76011
(817) 275-7787
EIN: 87-0746621
License No. 008463
Medicare No.: 45-2580

USRC Tarrant, LP d/b/a U.S. Renal Care Tarrant Dialysis
Tarrant County
1009 Pennsylvania Avenue
Fort Worth, Texas 76104
(817) 877-1515
EIN: 87-0746621
License No. 008466
Medicare No.: 45-2656

USRC Canton, LLC d/b/a U.S. Renal Care Canton Dialysis
400 E TX 243 Suite 14
Canton Texas 75103
(903) 567-2250
EIN: 26-2409182
License No. 008728
Medicare No.: 672607

USRC Cheektowaga, Inc. d/b/a U.S. Renal Care
Cheektowaga Dialysis
2875 Union Rd Suite 13 C/D
Cheektowaga NY 14225
(716) 684-0276
EIN: 27-0789903
Medicare No.: 33-2686

USRC Cleburne, LP d/b/a U.S. Renal Care Tarrant
Dialysis Cleburne
1206 W Henderson Suite A
Cleburne Texas 76033
(817) 641-5530
EIN: 26-3465019
License No. 110025
Medicare No.: 672650

USRC College Partnership, LP d/b/a Baylor College of
Medicine - Scott Street Dialysis
6120 Scott Street Suite F
Houston Texas 77021
(713) 741-7059
EIN: 20-8317462
License No. 008624
Medicare No.: 672605

USRC Dalton, LLC d/b/a U.S. Renal Care Dalton Dialysis
1009 Professional Blvd
Dalton Georgia 30720-2506
(706) 278-1070
EIN: 27-3966564
License No. ESRD001109
Medicare No.: 11-2524

USRC Delta, LP d/b/a U.S. Renal Care Delta Dialysis
400 East Edinburg Blvd
Elsa, Texas 78543
(956) 581-8489
EIN: 56-2584922
License No. 008419
Medicare No.: 67-2557

USRC Tonawanda, Inc. d/b/a U.S. Renal Care
Tonawanda Dialysis
3155 Eggert Rd
Tonawanda NY 14150
(716) 832-0159
EIN: 27-0789780
Medicare No.: 33-2685

USRC Valley McAllen LP d/b/a U.S. Renal Care Valley
McAllen Dialysis
109 Toronto Suite 100
McAllen, Texas 78503
(956) 994-3374
EIN: 41-2166760
License No. 008199
Medicare No.: 45-2872

USRC Weatherford LP d/b/a U.S. Renal Care Tarrant
Dialysis Weatherford
504 Santa Fe Drive
Weatherford, Texas 76086-6503
(817) 594-2832
License No. 008567
Medicare No.: 67-2543

USRC West Fort Worth Dialysis LP d/b/a U.S. Renal Care
Tarrant Dialysis West Fort Worth
1704 S Cherry Lane Suite 200
White Settlement, Texas 76108-3629
(817) 367-0822
EIN: 26-1527980
License No. 008649
Medicare No.: 672637

USRC Westover Hills, LLC d/b/a U.S. Renal Care
Westover Hills Dialysis
11212 State Highway Building Two Suite 100
San Antonio Texas 78216
(210) 521-5923
EIN: 27-3170218
License No. 110073
Medicare No.: Pending

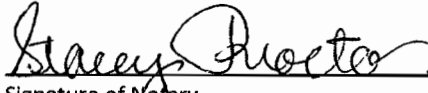
USRC Williamsville, Inc. d/b/a U.S. Renal Care
Williamsville Dialysis
7964 Transit Rd Suite 8-A
Williamsville NY 14221
(716) 634-1841
EIN: 27-0789979
Medicare No.: Pending

In accordance with 77 Ill. Admin. Code § 1110.230, I certify that neither Medicare, Medicaid, nor any State or Federal regulatory authority has taken any adverse action against any facility Applicant owns or operates, during the 3 years before the filing of this Certificate of Need application; and

In accordance with 77 Ill. Admin. Code § 1110.230, I authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation necessary to verify any documentation or information Applicant submitted in this Certificate of Need application.


James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal



Purpose of the Project

The purpose of this Project is to keep dialysis services accessible to a growing ESRD population in Cook County (HSA 7) and to alleviate the current need for dialysis services within Health Planning Area 7E. The Revised Needs Determinations for ESRD stations, dated May 11, 2016, shows that HSA 7 currently has an unmet need for 60 additional stations. Applicant will help alleviate this need by making 13 ESRD stations (12 general and 1 isolation) available to ESRD patients in the planning area.

The market area that Applicant will serve is primarily within a five-mile radius around the facility.

In addition, as the physicians' referral letter in Appendix 1 indicates, they estimate that they will refer annually an additional 48 patients to Applicant's facility, within 24-months after project completion. By the time Applicant completes the project, additional dialysis stations will be necessary to meet the needs of these patients. The goal of USRC Hickory Hills, LLC is to keep dialysis access available to this patient population, continue to monitor the growth of the patients needing dialysis, and provide responsible health care planning for this area.

Alternatives

The alternatives to the Project are limited. The State's Revised Needs Determinations for ESRD Stations dated May 11, 2016, shows a need for 60 ESRD stations in HSA 7. This Project will establish 13 ESRD stations (12 general and 1 isolation) to help meet the ESRD needs for HSA 7.

1. A Project of Greater or Lesser Scope and Cost

In the planning stages of this proposed project, Applicant considered a project with both more and fewer of greater and fewer stations. The alternative of a project of fewer stations would not sufficiently meet the ESRD station need in HSA 7. Applicant has identified 603 pre-ESRD patients who it anticipates will require dialysis services in the 24 months following project completion. Applicant bases this increase in ESRD patients on physicians' current patients, which does not include future patients who may present with diagnoses of CKD 4 or CKD 5. Consequently, additional dialysis stations are necessary to meet the needs of these future patients.

2. Pursue a Joint Venture or Similar Arrangement with One or More Providers or Entities To Meet All or a Portion of the Proposed Project's Intended Purposes; Develop Alternative Settings To Meet All or a Portion of the Proposed Project's Intended Purposes

The operating model for this project is consistent with the standard model USRC Renal Care, Inc. has implemented throughout its facilities. This model allows USRC Hickory Hills, LLC to provide the quality patient-care services its patients require, while controlling costs. Pursuing an alternate arrangement for the provision of these services might negate this operating model or otherwise dilute the benefits to patients of USRC Hickory Hills, LLC.

3. Utilizing Other Health Care Resources that Are Available To Serve All or a Portion of the Patient Population the Project Proposes To Serve

Patients who require dialysis treatment are limited in their options to utilize other health care resources. Due to the high frequency of required treatment (3 treatments per week) and length of treatment (approximately 4 hours), patients must be able to access conveniently located and effective facilities. For example, an incremental increase in drive time of 10 minutes would result an increase of 52 hours over a year.

[See attached Comparison Chart.]

Comparison of Project to Alternative Options

Proposed Project	Alternative	Cost	Patient Access	Quality	Financial Benefits
Establish U.S. Renal Care Hickory Hills Dialysis	Project of Smaller Scope / No Project	Cost: \$0 Alternative Option presents less cost to Applicant but would result in additional costs to patients in the form of increased travel time and lack of access to the provider of their choice.	Alternative Option would result in reduction in patient access as ESRD patient population growth exceeds station growth.	Alternative Option results in reduction in quality, since fewer stations would fail to meet projected needs of ESRD patients.	Alternative Option does not result in greater financial benefit to any stakeholder (patient, the state, Applicant).
Establish U.S. Renal Care Hickory Hills Dialysis	Joint Venture or other Arrangement	Cost: ≈ 2,458,365 Alternative Option would result in the same or similar total cost as the proposed project, but it would distribute such costs among different parties.	Alternative Option would result in the same increased patient access as the proposed project.	Alternative Option would likely result in decreased quality, as the provision of care through such an arrangement would deviate from Applicant's proven model for the delivery of high quality ESRD services.	Alternative Option does not result in greater financial benefit to any stakeholder (patient, the state, Applicant).
Establish U.S. Renal Care Hickory Hills Dialysis	Use Existing Resources	Cost: \$0 Alternative Option presents lower cost to Applicant but would result in additional costs to patients in the form of increased travel time and lack of access to the provider of their choice.	Alternative Option results in reduction in patient access, as ESRD patient population growth exceeds station growth.	Alternative Option results in reduction in quality as ESRD patient population growth exceeds station growth.	Alternative Option does not result in greater financial benefit to any stakeholder (patient, the state, Applicant).

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Empirical Evidence, Including Quantified Outcome Data, Verifying that Applicant Has Improved the Quality of Care of Its Patients

Applicant maintains high levels of clinical quality for dialysis patients. On a corporate level, U.S. Renal Care, Inc. has accomplished three-month average patient outcomes of 96.2% of patients with a URR $\geq$ 65% and 97.6% of patients with Kt/V $\geq$ 1.2 for the period ending May 2016. Applicant anticipates similar patient outcomes for the proposed project.

Size of the Project

Department/Service	Proposed BGSF/DGSF	State Standard	Difference	Met Standard?
In-Center Hemodialysis	325 dgsf/ station	360-520 dgsf/ station	none	Yes
Non-Clinical	2,275	N/A	N/A	N/A

The amount of physical space for the proposed project is necessary, and not excessive, for the provision of hemodialysis services. The 325 dgsf/ station of the proposed project falls well within the state standard.

Project Services Utilization

	Dept/Service	Historical Utilization/Patient Days etc.	Projected Utilization	State Standard	Met Standard?
Year 1	In-Center Hemodialysis	N/A	25 patients / 32%	80%	No
Year 2	In-Center Hemodialysis	N/A	63 patients / 81%	80%	Yes

Applicant has identified 603 patients who the physicians are currently treating with diagnoses of CKD 3, CKD 4, or CKD 5. Of these patients, Applicant estimates that approximately 48 will require dialysis services within 24 months of project completion (24 patients annually).

Planning Area Need: Formula Calculation

The most-recently available IDPH Revised Needs Determinations for ESRD Stations, dated May 11, 2016, indicates that HSA 7 has an unmet need for 60 ESRD stations. USRC Hickory Hills, LLC will help alleviate this need by making 13 (12 general and 1 isolation) stations available to ESRD patients.

Planning Area Need: Service to Planning Area Residents

Applicant proposes to establish a 13-station, in-center hemodialysis and peritoneal dialysis facility at 9528 S. Roberts Road, Suite B-2 in Hickory Hills. USRC Hickory Hills, LLC will utilize leased space, which it will build out. It will provide both in-center hemodialysis and peritoneal dialysis for patients with end stage renal disease. The primary purpose of the Project will be to provide necessary health care to the residents of Cook County and HSA 7, where the Facility will be located. The market area that U.S. Renal Care Hickory Hills Dialysis will serve is primarily within five-mile radius around the Facility.

Planning Area Need: Service Demand (Historical and Projected Referrals)

Projected Referrals: Appendix 1 contains a physician referral letter attesting to the physicians' total number of patients who have received care at existing facilities in the area; the number of new patients in the area whom the physicians referred for in-center hemodialysis for the most recent year; and an estimate of the number of patients whom the physicians will refer annually to Applicant's facility, within 24-months after project completion, based upon the physicians' practice experience.

Planning Area Need: Service Accessibility

The biggest factor in the planning area that contributes to service restrictions for patients in the area is the unmet need for additional dialysis stations.

Planning Area Need

The most-recently available IDPH Revised Needs Determinations for ESRD Stations, dated May 11, 2016, shows that HSA 7 currently has an unmet need for 60 ESRD stations. U.S. Renal Care Hickory Hills Dialysis will help alleviate this need by making 13 additional stations available to ESRD patients.

Unnecessary Duplication of Services

The attached tables show the following information:

- A list of zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site; and
- The total population of the identified zip code areas (based upon the 2010 population numbers available for the State of Illinois population).

Zip Code	Total Population
60126	46,371
60148	51,468
60153	24,106
60154	16,773
60160	25,432
60181	28,836
60302	32,108
60304	17,231
60305	11,172
60402	63,448
60406	25,460
60411	58,136
60426	29,594
60429	15,630
60439	22,919
60440	52,911
60443	21,145
60445	26,057
60448	24,423
60451	34,063
60452	27,969
60453	56,855
60459	28,929

Zip Code	Total Population
60462	38,723
60473	22,439
60477	38,161
60478	16,833
60482	11,063
60501	11,626
60515	27,503
60521	17,597
60527	27,486
60608	82,739
60609	64,906
60616	48,433
60617	84,155
60619	63,825
60620	72,216
60623	92,108
60628	72,202
60629	113,916
60631	28,641
60638	55,026
60643	49,952
60649	46,650
60652	40,959

Zip Code	Total Population
60655	28,550
60803	22,285

Zip Code	Total Population
60804	84,573
60805	19,852

Unnecessary Duplication of Services

The names and locations of all existing or approved health care facilities located within 30-minutes normal travel from the site that provide the dialysis services that are proposed by the project. This table indicates both facilities within an unadjusted 30-minute drive time and the 1.15 factor adjusted 30-minute drive time. Utilization data for these facilities is from the first quarter of 2016 ESRD utilization .

Mapquest maps of driving times and distances are included in Appendix 2 in the order they appear in the facility table.

U.S. Renal Care Hickory Hills

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Map Address	City	Zip Code	County	HSA	Stations	Patients	Drive Time	Adjusted Drive Time (1.15 X)	Included in Utilization Analysis	Utilization
FMC Bolinbrook	329 Remington Road	Bolingbrook	60440	Will	9	24	137	34	39.1		95.14%
Silver Cross Renal Center	1860 Silver Cross Boulevard	New Lenox	60451	Will	9	19	94	38	43.7		82.46
Fresenius Medical Care Lemont	16177 West 127th Street	Lemont	60439	Cook	7	12	0	26	29.9		0
USRC Bolingbrook Dialysis	396 Remington Boulevard	Bolingbrook	60440	Will	9	13	55	34	39.1		70.51
USRC Oak Brook Dialysis	1213 Butterfield Road	Downers Grove	60515	DuPage	7	13	56	22	25.3		71.79
FMC - Downers Grove Dialysis Center	3825 Highland Avenue	Downers Grove	60515	DuPage	7	19	63	33	38		65.63
FMC Dialysis Services of Willowbrook	6300 Kingery Highway	Willowbrook	60527	DuPage	7	20	80	24	27.6		66.67
FMC - Westchester	2400 Wolf Road	Westchester	60154	Suburban Cook	7	20	90	28	32.2		75
Fresenius Medical Care Lombard	1940 Springer Drive	Lombard	60148	DuPage	7	12	52	39	44.9		72.22
NxStage Oak Brook	1600 West 16th Street	Oak Brook	60521		7	8	10	32	36.8		20.83
Nocturnal Dialysis Spa	1634 South Ardmore	Villa Park	60181		7	12	1	35	40.3		1.39
U.S. Renal Care Villa Park Dialysis	200 East North Avenue	Villa Park	60181	DuPage	7	13	72	42	48.3		92.31
RCG Villa Park	York Road & Roosevelt Road	Elmhurst	60126	DuPage	7	24		39	44.9		
Fresenius Medical Care of Mokena	8910 West 192nd Street	Mokena	60448	Will	9	12	49	32	36.8		68.06
Palos Park Dialysis	13155 S. LaGrange Road	Orland Park	60462	Cook	7	12	53	14	16.1		73.61
FMC - Orland Park	15890 Parkhill Dr	Orland Park	60462	Suburban Cook	7	18	81	24	27.6		75
DaVita Tinley Park Dialysis	16767 South 80th Avenue	Tinley Park	60477	Cook	7	12	0	24	27.6		0
DaVita Olympia Fields Dialysis Center	4557 Lincoln Highway	Matteson	60443	Suburban Cook	7	24	102	28	32.2		70.83
Fresenius Medical Care Oak Forest	5340A West 159th Street	Oak Forest	60452	Cook	7	12	44	23	26.5		61.11
Concerto Dialysis	14255 Cicero Avenue	Crestwood	60445	Suburban Cook	7	9	20	17	19.6		37.04
FMC - Crestwood	4861 Cal Sag Road	Crestwood	60445	Suburban Cook	7	24	100	10	11.5		69.44
Fresenius Medical Care Summit	7319 Archer Avenue	Summit	60501	Cook	7	12	0	16	18.4		0
DaVita Chicago Ridge Dialysis	10511 South Harlem Avenue	Worth	60482	Cook	7	16	3	6	6.9		3.13
DaVita - Stony Creek	6236 West 95th Street	Oak Lawn	60453	Suburban Cook	7	12	70	5	5.8		97.22
FMC - Alsip	12250 South Cicero	Alsip	60803	Suburban Cook	7	20	76	11	12.7		63.33
Fresenius Medical Care - Midway	6201 West 63rd Street	Chicago	60638	Cook	6	12	68	18	20.7		94.44
FMC Dialysis Services - Burbank	4811 W. 77th Street	Burbank	60459	Suburban Cook	7	26	135	15	17.3		86.54
DS Renal Services - Scottsdale	4651 West 79th Street	Chicago	60652	Cook	6	36	145	15	17.3		67.13
West Lawn Dialysis	7000 South Pulaski Road	Chicago	60629	Cook	6	12	66	21	24.2		91.67

U.S. Renal Care Hickory Hills

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Map Address	City	Zip Code	County	HSA	Stations	Patients	Drive Time	Adjusted Drive Time (1.15 X)	Included in Utilization Analysis	Utilization
DSI Hazel Crest	3470 West 183rd Street	Hazel Crest	60429	Suburban Cook	7	19	101	22	25.3		88.6
FMC - Hazel Crest	17524 E Carriage Way	Hazel Crest	60429	Suburban Cook	7	16	81	19	21.9		84.38
DaVita Chicago Heights Renal Care	177 East Joe Orr Road	Chicago Heights	60411	Suburban Cook	7	16	81	31	35.7		84.38
Country Hills Dialysis	4215 West 167th Street	Country Club Hills	60478	Cook	7	24	104	21	24.2		72.22
DSI - Markham	15891 Whipple Ave	Markham	60426	Suburban Cook	7	24		16	18.4		
Community Dialysis of Harvey	16657 South Halsted Street	Harvey	60426	Cook	7	16	67	18	20.7		62.04
South Holland Renal Center	16100 LaSalle Street	South Holland	60473	Suburban Cook	7	24	121	20	23		84.03
Fresenius Medical Care South Holland	17225 South Paxton Avenue	South Holland	60473	Suburban Cook	7	24	96	24	27.6		66.67
FMC - Merrionette Park	11650 S. Kedzie Avenue	Merrionette Park	60803	Suburban Cook	7	24	112	16	18.4		77.78
DaVita Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	60655	Cook	6	16	104	17	19.6		108.33
FMC - Blue Island	12200 Western Avenue	Blue Island	60406	Suburban Cook	7	28		19	21.9		
FMC - Evergreen Park	9730 South Western Avenue	Evergreen Park	60805	Suburban Cook	7	30	157	20	23		87.22
Beverly Dialysis Center	8111 South Western Avenue	Chicago	60620	Cook	6	16	101	22	25.3		105.21
DaVita Washington Heights Dialysis	10620 South Halsted	Chicago	60628	Cook	6	16	0	23	26.5		0
Fresenius Medical Care Beverly Ridge	9914 South Vincennes	Chicago	60643	Cook	6	16	0	23	26.5		0
Fresenius Medical Care Chatham	333 West 87th Street	Chicago	60617	Cook	6	16	85	24	27.6		88.54
FMC - South Side	7721 South Western Avenue	Chicago	60620	Cook	6	39	191	21	24.2		81.62
FMC - Marquette Park	2534 West 69th Street	Chicago	60629	Cook	6	16	90	23	26.5		93.75
FMC Ross Dialysis - Englewood	6333 South Green Street	Chicago	60631	Cook	6	16	90	29	33.4		93.75
FMC - Bridgeport	825 West 35th Street	Chicago	60609	Cook	6	27	134	27	31.1		82.72
Fresenius Medical Care of Roseland	136 West 111th Street	Chicago	60628	Cook	6	12	67	26	29.9		93.06
Grand Crossing Dialysis	7319 South Cottage Grove Avenue	Chicago	60619	Cook	6	12	66	16	18.4		91.67
FMC - Jackson Park Dialysis	7531 South Stony Island	Chicago	60649	Cook	6	24	101	30	34.5		70.14
LaVita Dialysis Center	1201 West Roosevelt Road	Maywood	60153	Suburban Cook	7	30	132	24	27.6		73.33
FMC - Melrose Park	1111 Superior Street	Melrose Park	60160	Suburban Cook	7	18	90	27	31.1		83.33

U.S. Renal Care Hickory Hills

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Map Address	City	Zip Code	County	HSA	Stations	Patients	Drive Time	Adjusted Drive Time (1.15 X)	Included in Utilization Analysis	Utilization
FMC - Berwyn	2601 South Harlem Avenue	Berwyn	60402	Suburban Cook	7	26	151	23	26.5		89.88
Oak Park Kidney Centers, LLC	610 South Maple Avenue	Oak Park	60304	Suburban Cook	7	18	70	26	29.9		64.81
FMC - North Avenue	719 West North Avenue	Melrose Park	60160	Suburban Cook	7	24	115	35	40.3		79.86
Fresenius Medical Care River Forest	103 Forest Avenue	River Forest	60305	Cook	7	22	87	31	35.7		65.91
FMC - Oak Park Dialysis Center	733 Madison Street	Oak Park	60302	Suburban Cook	7	12	69	31	35.7		95.83
Fresenius Medical Care Cicero	3000 South Cicero Avenue	Cicero	60804	Cook	7	16	60	21	24.2		62.5
DaVita Lawndale Dialysis	3934 West 24th Street	Chicago	60623	Cook	6	16	85	27	31.1		88.54
SAH Dialysis Clinic at 26th Street	3059 West 26th Street	Chicago	60623	Cook	6	15	32	23	26.5		35.56
Mt. Sinai Hospital Med Ctr	2798 West 15th Place	Chicago	60608	Cook	6	16	88	26	29.9		91.67
DaVita - Little Village Dialysis	2335 W. Cermak Road	Chicago	60608	Cook	6	16	93	25	28.8		96.88
FMC - Prairie	1717 South Wabash Avenue	Chicago	60616	Cook	6	24	105	28	32.2		72.92
Utilization Calculation for Facilities within 30-Minute Drive Time											
						1202					
Utilization Calculation for Facilities within Adjusted 30-Minute Drive Time											

Maldistribution

This Project will not result in maldistribution, because there is not an excess of stations in HSA 007. On the contrary, this area has a need for 60 HSA 6: 54] additional stations, as published in the IDPH Revised Needs Determinations for ESRD Stations dated May 11, 2016. A copy of the relevant page of the Long-Term Care Bed Inventory Update is included in this attachment.

A ratio of stations to population that exceeds one and one-half times the State average:

The ratio of stations to population within a 30-minute drive time of the proposed facility does not exceed one and a half times the State average. The State average, calculated from the most-recently available IDPH Revised Needs Determinations for ESRD Stations, dated _____ and _____ census-population statistics results in a state station to population ratio of 1 station per 3,371 persons. The calculated station to population ratio within the 30-minute drive time of the proposed facility is 1 station per _____ persons. Thus, the station to population ratio within the 30-minute drive time of the proposed facility does not exceed one and one-half times the State average; in fact, it is _____ the State average demonstrating that there is not a maldistribution of stations in the 30-minute drive time of the proposed facility.

The associated calculation of station to population ratios is included in this attachment. The calculation for the state station to population ratio utilizes _____ Census data for the State of Illinois and the total station count as found on the IDPH Revised Needs Determinations for ESRD Stations dated _____. The calculation of the station to population ratio for facilities within a 30-minute drive time includes all facilities and zip codes identified in the Unnecessary Duplication of Services attachment.

[Address]

Total Number of Stations for Facilities within a 30 Minute Drive Time

Total Population for Zip Codes within a 30 Minute Drive Time

Ratio of Stations to Population

State of Illinois

Total Number of Stations in the State of Illinois

Total Population in the State of Illinois

Ratio of Stations to Population

Impact of Project on Other Area Providers

The addition of 13 ESRD stations at the Facility Dialysis Facility would only account for ____% of the total shift capacity in the unadjusted 30-minute drive time area and ____% of the total shift capacity in HSA 7. Assuming the Facility achieved immediately 80% utilization (____ shifts per year), the facility would only make a ____% difference in the 30-minute drive time occupancy levels and less than a 1% difference in the total shift capacity of HSA 7. This increase in stations is fractional compared to the number of licensed stations in the area, thus it is unlikely that the addition of these stations will lower the utilization of other area providers, both those who are operating above 80% and those operating below 80%.

Additionally, the HSA 7 has a station need of 60 stations [HSA 6: 56], as published in the IDPH Revised Needs Determinations for ESRD Stations dated May 11, 2016.

*Applicant bases this calculation on the HSA 7 approved stations of ____ as calculated on the IDPH Revised Needs Determinations for ESRD Stations dated _____ and the 30-minute drive time facilities as identified in Attachment 26 Unnecessary Duplication of Services. Shift capacity of each station is 3 shifts per day, 6 days a week, 52 weeks a year.

Staffing Availability

Medical Director

The curriculum vitae of the facility's Medical Director follows this page.

Staff Recruitment

U.S. Renal Care Inc. recruits facility personnel using various job posting websites as well as a recruitment tool maintained on the corporate website (available at http://www.usrenalcare.com/us_renal_care_careers.htm).

Training

Applicant maintains rigorous orientation and training requirements for all staff of dialysis facilities. Clinical staff receive comprehensive orientation training in multiple areas (policies related to orientation and competencies are included in this attachment). Such staff is also required to comply with any federal or state training requirements necessary for certification in their respective fields. In addition, U.S. Renal maintains both corporate and facility level training requirements for facility staff. For example, all staff are subject to corporate requirements for annual competency assessments and quarterly assignments provided through U.S. Renal Care's training tool, Health Streams (a copy of the schedule of assignments, email reminder and completion report are included in this attachment). Furthermore, dialysis staff is also required to comply with any facility required training programs as implemented by the governing body of the dialysis facility. (See attached policy# EO-8002.)

Staffing Plan

Applicant maintains staffing ratios in compliance with state requirements for the state in which Applicant maintains a dialysis facility. Included in this attachment is the U.S. Renal Care policy regarding staffing ratios, which demonstrates the requirement for on-duty RNs when the patients are present and maintenance of direct patient care providers in compliance with state regulations. In the case of Illinois Applicant will maintain a ratio of one direct patient care provider to every four patients.

Natalie Selk, M.D.

401 Atwood Court
Downers Grove, IL 60516
847-414-5729
n_selk@yahoo.com

Employment History

2012 - present	Southwest Nephrology Associates Vice President, Attending Physician	Evergreen Park, Illinois
2014 - present	Medical Director of Clinical Informatics Advocate Christ Medical Center	Oak Lawn, Illinois

Residency and Fellowship

2010 – 2012	Rush University Medical Center Fellowship: Nephrology Chief Fellow, 2011-2012	Chicago, Illinois
2007 – 2010	Rush University Medical Center Residency: Internal Medicine	Chicago, Illinois

Education

2003 – 2007	Rush University College of Medicine Doctor of Medicine The Isabella Coler Herb, M.D. Award for Outstanding Achievement	Chicago, Illinois
2000 – 2003	Loyola University Chicago Bachelor of Science, Biology, summa cum laude Minors: Chemistry and Political Science	Chicago, Illinois

Certification and Licensure

2010	American Board of Internal Medicine Diplomate
2010	State of Illinois License. (#036.124950, Expiration date 7/31/2017)
2012	American Board of Internal Medicine Diplomate in Nephrology

Professional Associations

2010 – Present	American Society of Nephrology.
2010 – Present	National Kidney Foundation.
2007 – Present	American College of Physicians.
2003 – Present	American Medical Association.

Research and Publications

2011	Tapawan K, Chen E, Selk N, Hong E, Virmani S, Balk R. "A Large Pleural Effusion in a Patient Receiving Peritoneal Dialysis." Seminars in Dialysis. 2011 October; 24 (5): 560-563.
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- 2011 **Selk N and Rodby RA. "Unexpectedly Severe Metabolic Acidosis Associated with Sodium Thiosulfate Therapy in a Patient with Calcific Uremic Arteriopathy."** Seminars in Dialysis. 2011 January; 24 (1): 85-88.
- 2004 Research Assistant. Jeanette Morrison M.D. Lutheran General Hospital. Analyzed data comparing an eICU and a MICU.

Oral Presentations

- 1/2012 Maintenance Therapy for Lupus Nephritis
Nephrology Grand Rounds
- 10/2011 Vitamin D and Proteinuria
Nephrology Grand Rounds
- 9/2011 The Role of Uric Acid in Chronic Kidney Disease
Nephrology Grand Rounds
- 8/2011 Acute Interstitial Nephritis
Nephrology Grand Rounds
- 5/2011 Prevention of Microalbuminuria in Diabetes
Nephrology Grand Rounds
- 2/2011 Prophylactic Catheter Locking Solutions
Nephrology Grand Rounds
- 12/2010 Frequent Hemodialysis versus Conventional Hemodialysis
Nephrology Grand Rounds
- 10/2010 Cardiovascular Effects of Arteriovenous Fistulas
Nephrology Grand Rounds
- 7/2010 Optimal Blood Pressure Goals
Nephrology Grand Rounds

Honors

- 2006 – Present **Alpha Omega Alpha.** Elected junior year of medical school.
- 2003 – Present **Phi Beta Kappa.** Member.
- 2003 – Present **Alpha Sigma Nu.** National honor society of Jesuit institutions for higher education.
- 2001 – Present **Golden Key International Honor Society.**
- 2001 – 2003 **Presidential Scholarship,** Merit based award at Loyola University Chicago.
- 2000 – 2003 **Watson Scholarship.** Merit based award from IBM.

Staffing Availability

USRC Hickory Hills, LLC

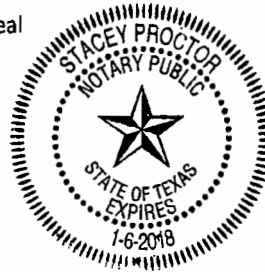
In accordance with 77 Ill. Admin. Code § 1110.1430(e)(5), Applicant certifies that USRC Hickory Hills, LLC will maintain an open medical staff. Any board-licensed nephrologist may apply for privileges at this facility.


James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal



MEMO: New Hire Compliance Training

Dear New Employee,

Welcome to U.S. Renal Care. As part of the Compliance Program, each new employee must complete Compliance and HIPAA training to fulfill their training requirements. This training must be completed **within 30 days** of hire. Please follow these steps to complete your training.

1. Go to the US Renal Care Intranet Portal. Under the Training and Education section on the right side of the screen, click on the HealthStream link. This will bring you to the HealthStream Learning Center login page.

HealthStream Learning Center: Login

LOGIN SCREEN

U.S. RENAL CARE

Login

User ID:

Password:

Login

Password Reminder
If you have forgotten your password and have a password reminder, enter your user ID and click the link above to view it.

For questions regarding the USRC Learning Center please contact:

.com

Login Instructions
Please enter your User ID and Password to enter the USRC Learning Center

- Your User ID is a letter followed by five numbers (example: A00000).
- Your User ID is the same as your Employee ID found on your paystub and given to you with your online learning Introduction materials.
- Your Employee ID can also be found on your Personal Records Page in Exponent.

UserID: (Your Exponent Employee ID)

Password: USRClearning

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Build 10.06.22.078.30
O:HLCWEB3 A:HLCWEB3 C:UNKNOWN

2. Once on the HealthStream login page, enter your User ID and password.
 - a. **Your User ID is your Employee ID#**, this can be found in Exponent HR.
 - b. The password is the following : **USRClearning**

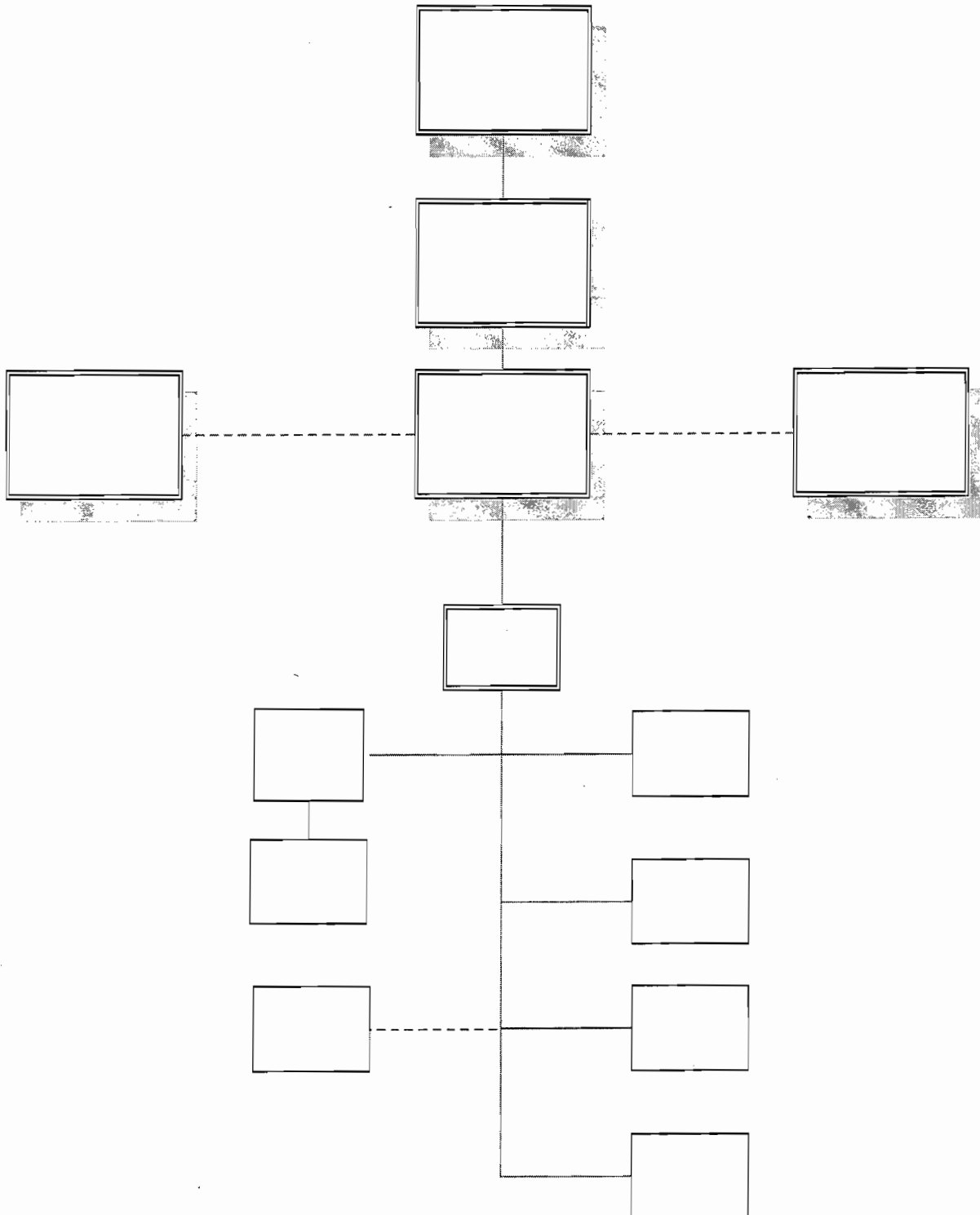
3. Under the tab labeled “My Learning” you will find assignments for compliance training.
 - a. You will see the following assignments listed:
 - Corporate Compliance: A Proactive Stance
 - HIPAA
 - b. Click on an assignment. This will bring up that course’s assignment page. Click on the assignment to listen to the presentation or read through at your own pace.
4. Once complete with the assignment presentation, take the exam associated with the assignment. You must pass the exam to complete the assignment. **If you do not pass the first time you must retake the exam.**
5. Be aware of the following to complete each assignment.
 - a. **The login page can be accessed through the USRC Intranet Portal.**
 - b. You must complete the course before taking the exam.
 - c. Assignments can be completed in one session or several sessions if desired.
 - d. If you have any questions talk to your supervisor or contact the Compliance Department at Compliance@usrenalcare.com or (214) 736-2737.

Thank you and welcome to US Renal Care!

J. Scot Eibel
Compliance Officer

U.S. RENAL CARE

POLICY : ORGANIZATIONAL CHART		EFFECTIVE DATE: 01/2011
POLICY #: EO-0001	PAGE 1 OF 1	REVISION DATE:



U.S. RENAL CARE

POLICY : Utilization of Supplemental Staff		EFFECTIVE DATE: 01/2012
POLICY #: EO – 0001a	PAGE 1 OF 2	REVISION DATE: 8/2015

Utilization of Supplemental Staff

Responsibility:

Vice President of Operations
Facility Administrators
Charge Nurse

Policy:

Supplemental Staff, with the approval of the Human Resources & Vice President of Operations, can be obtained through an agency to augment the core staffing of the dialysis unit.

Supplemental Staff must be qualified to meet the performance expectations of U.S. Renal Care and follow these guidelines:

1. The Facility Administrator is responsible for coordinating the scheduling and orientation of the supplemental staff to the dialysis unit. Orientation will include:
 - a. Facility orientation
 - b. Location and review of Policy and Procedure Manuals:
 - 4.0 Pre Treatment**
 - 5.0 Treatment Initiation**
 - 6.0 Intradialysis**
 - 7.0 Complications**
 - 9.0 Medication Administration**
 - 11.0 Infection Control**
 - 14.0 Emergency Management**
 - 18.0 OSHA**
 - c. Procedure for obtaining supplies and equipment.
 - d. Location and use of equipment including emergency equipment
2. Preliminary Assessment – completions of USRC Skills Competency Checklist. Agency Nurse's duties and responsibilities permitted if appropriate orientation and/or documentation is presented
3. A file will be kept in the Facility Administrator's Office for recording necessary information.
 1. Resume
 2. Current License Number
 3. Current CPR
 4. Hours/Unit
 5. Name of referring agency and contact information

U.S. **RENAL CARE**

POLICY : Utilization of Supplemental Staff		EFFECTIVE DATE: 01/2012
POLICY #: EO – 0001a	PAGE 2 OF 2	REVISION DATE: 8/2015

6. Evidence of Clinical Competence
 7. Completed Skills Checklist
 8. Any evaluation done during assignment at USRC.
 9. Any other relevant documentation (i.e. ACLS Certification, EKG and Medication Test Results)
4. Reassignment of agency personnel will be done in collaboration with the respective employment agency.

U.S. RENAL CARE

POLICY : SUPPLEMENTAL STAFF REQUIREMENTS		EFFECTIVE DATE: 01/2012
POLICY #: EO – 0001b	PAGE 1 OF 1	REVISION DATE: 8/2015

Supplemental Staff Requirements

Name of employee _____

Agency Name _____

Proof of:	
Position	
Resume	
Agency Contract on file	
CPR (Copy of)	
License verification	
OSHA Education	
Offered HepB Vaccine	
HD Knowledge Assessment test	
Skills checklist	
AED Competency	
Confidentiality Contract	
PPD 2 neg	
Hep B status	
Med Test (Nurse)	
Proof of liability insurance	

Date	Initials	Signature

Date	Initials	Signature

U.S. RENAL CARE

POLICY : ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0002	PAGE 1 OF 5	REVISION DATE: 8/2015

ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF

Also see State Specific

The orientation period is approximately 6 – 8 weeks in length for non dialysis experienced staff. In order to meet the objective of the Orientation Checklist, and to allow for sufficient clinical practice, the following schedule is presented as a **guide**. Mastery of both theory and clinical skills is the responsibility of the student and no student may practice independently without demonstration and documentation of required skills. Until the individual has satisfied the training and competency requirements, the individual during the process of completing training shall be identified as a trainee when present in any patient area of the facility.

Prior to providing dialysis care, all nursing staff shall demonstrate satisfactory completion of either the training program or educational equivalency and the competency skills assessment checklist as required for the dialysis technicians.

Any registered nurse or licensed practical nurse who is employed without previous experience in the dialysis process, and who has not yet successfully completed the skills competency checklist, shall be directly supervised when engaged in dialysis treatment activities with patients by a staff member who has demonstrated skills competency for dialysis treatment as required by the State/Federal Regulations.

In addition to the Amgen and Nephrology Core Curriculums, the Employee Orientation Program Workbook is a good resource tool. Delivery of training material will be accomplished through a combination of lecture, video presentations and independent study.

Note:

USRC definition of 'with experience' – employee has provided 6 months hands on dialysis patient care within the last 18 months.

RECOMMENDED SCHEDULE (Schedule can be altered dependent on the learning progress and competency of the trainee)

WEEK 1:

Day 1: Facility tour and orientation (EO-0005)

Overview of the services provided by the facility

Meet preceptor

Meet the staff and physicians

Review of Employee Handbook and Job Description

Staff Roles and Responsibilities

Overview of US Renal Care Philosophy

Overview of P & P Manual

Introduction of dialysis machine and dialysis prescription

Read/review Module I and II (Today's Dialysis Environment/The Person with Kidney

Failure) Reference: Amgen Core Curriculum

U.S. RENAL CARE

POLICY : ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0002	PAGE 2 OF 5	REVISION DATE: 8/2015

Universal Precautions/OSHA Education
 HIPAA training - Bridgefront
 Professionalism in Dialysis Care (webinar-Portal)
 View state specific training videos (Portal)
 Online Staff Training:
 Bloodborne Pathogen
 Hand Hygiene
 Hazard Communication
 Safe Practices in Dialysis Environment
 Needlestick Safety
 Ergonomics
 Fire Safety
 Electrical Safety
 Disaster and Emergency Management
 Abuse Reporting

Day 2: Scavenger Hunt (EO-000)

Practice set up of dialysis machine with preceptor and removal of lines
 Observation of Hemodialysis procedure and orientation to clinic routines
 Proper cleaning of chairs, machines, clamps, and blood pressure cuffs
 Basic chemistry of body fluids and electrolytes
 History of Dialysis
 Legal and Ethical Issues
 Hygiene and Grooming
 Mobility and Positioning
 Read/review Module III (Principles of Dialysis)

Day 3: Practice set up of dialysis machine with preceptor

Introduction to screen of dialysis machine and machine components: Reference Braun
 Operator's Manual or Fresenius Operator's Manual
 Vital signs
 Overview of the continuous quality improvement program
 Read/review Module IV (Hemodialysis Devices)
 Role of the dialysis technician in a dialysis setting: legal and ethical considerations and concepts of delegating.
 Communication and Team work Skills
 Pre and Post weights
 Machine testing PH/conductivity/temperatures

Day 4: Machine operation and introduction to problem solving with preceptor

Trouble shooting equipment – machine alarms
 Practices set up of the dialysis machine
 Policies and Procedures on Patients rights including Patient Bill of Rights
 Delivery of an adequate dialysis treatment and factors which may result in inadequate treatment

U.S. RENAL CARE

POLICY : ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0002	PAGE 3 OF 5	REVISION DATE: 8/2015

Complications of dialysis and interventions
 Aseptic technique
 Education on the proper use of Safety Needles
 Education on accidental needle sticks (Issues and Prevention Strategies for Healthcare Workers)

Day 5: Preparation and use of dialysate baths
 Practices set up of the dialysis machine
 Testing: Module I (Today's Dialysis Environment)
 Identify allergies, patient chart (electronic medical record)
 Identify goal, treatment time, UFR, TMP
 Evaluation: Week 1

WEEK 2:

Continue practice set up and use of dialysis machine
 Residual testing for presence of bleach
 Introduction and education on access placement and taping access
 Review location and use of emergency equipment:
 (Oxygen, suction, crash cart, AED, Emergency box, fire drill & evacuation)
 Introduction to patient monitoring during treatment
 Introduction and education on documentation procedures and the TIME system
 Theory and practice of conventional, high efficiency, and high flux dialysis
 Interpersonal Communication
 Read/review Module II and III (The Person with Kidney Failure/Principles of Dialysis)
 Evaluation: Week 2

WEEK 3:

Emergency Plans and Procedures
 Introduction to dialysis termination procedures
 Review and practice pre and post treatment procedures, patient monitoring
 Review clinic specific responsibilities and documentation
 Education on Transplantation
 Review complication recognition and treatment
 Continue practice with machine set up and operation
 Read/review: Module V (Vascular Access)
 Testing: Module IV (Hemodialysis Devices)
 Evaluation: Week 3

WEEK 4:

Introduction to initiation of dialysis with catheters (as appropriate to job description)
 Review and educate on commonly used dialysis medications
 Medication Administration
 Continue supervised practice of dialysis termination
 Normal and abnormal lab values
 Pre and post dialysis blood draws

U.S. RENAL CARE

POLICY : ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0002	PAGE 4 OF 5	REVISION DATE: 8/2015

Lab processing duties
 Orientation and competency for blood glucose monitoring equipment
 Supervised practice to incorporate pre and post dialysis procedures and patient
 Monitoring with machine operation, and documentation
 Introduction to initiation of dialysis by cannulation
 Introduction of materials used to create grafts, needle placement for access in a graft, and
 prevention of complications: and identification of signs and symptoms of complications
 when cannulating access
 Education on PD
 Renal Dietitian: Nutritional Considerations
 Read/review Module VI (Hemodialysis Procedures and Complications)
 Evaluation: Week 4

WEEK 5:

Cannulation of a patient with fistula needles
 The orientee will incorporate trouble shooting and patient complications with all
 previously learned and practiced experience
 Continue supervised practice of dialysis initiation via catheter, dialysis termination,
 and treatment procedures and monitoring
 Incorporate machine problem solving and recognition and treatment of complications
 Into practice
 Education on monitoring of arterial and venous pressures
 Renal Social Worker: Psychosocial issues
 Read/review Module VII and VIII (Dialyzer Reprocessing/Water Treatment)
 Testing: Module V (Vascular Access)
 Evaluation: Week 5

WEEK 6:

Continue supervised practice of hemodialysis procedures
 Competently complete a 1 – 2 patient assignment
 Education on the management of adequacy outcomes
 Technical Specialist: Water system, risks to patients of unsafe water, water checks,
 machine maintenance, trouble shooting machines and cleaning of machines
 Evaluation: Week 6 (Preceptor/Orienteer/Administrator)

WEEK 7 & 8:

Competently complete assigned patient assignment
 Testing: Module VII and VIII (Dialyzer reprocessing/Water Treatment)

This orientation program is based on the assumption that the orientee has no previous
 experience. Alterations/Adjustments in the orientation program will be made based on previous
 experience and proven clinical skills. During orientation the orientee will also receive theory
 training provided by the Clinical Services Department.

U.S. RENAL CARE

POLICY : ORIENTATION GUIDE FOR NEW NON-EXPERIENCED HEMODIALYSIS STAFF		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0002	PAGE 5 OF 5	REVISION DATE: 8/2015

REFERENCES TO BE REVIEWED DURING ORIENTATION:

Core Curriculum for Dialysis Technicians
 State Specific Educational Videos
 Dialysis Training Manual
 Dialysis Machine Manual
 Dialysis Machine Trouble Shooting Guide

EVALUATION:

All tests in the **Employee Education Manual** are to be passed with a score of 80% including the "Hemodialysis Knowledge Assessment Test". Passing of the "Hemodialysis Knowledge Assessment Test" includes experienced and non-experienced staff. Inexperienced staff must complete theory class and must complete the knowledge assessment prior to being assigned an independent assignment. Experienced staff must complete the knowledge assessment prior to being assigned an independent assignment. If an experienced Care Giver does not pass the "Hemodialysis Knowledge Assessment Test" the first time – the employee needs to attend a theory class and retake the exam.

All employees (experienced and non-experienced) may take the 'Hemodialysis Knowledge Assessment Test' a maximum of three times. Failure by the employee to pass the Hemodialysis Knowledge Assessment Test after the 3rd attempt may result in termination of employment.

Weekly evaluations with the orientation checklist will be filled out throughout the orientation process by the orientee, preceptor, and educator. The Facility Administrator will evaluate all checklists weekly.

If at any time there are difficulties with the learning of the didactic material or inability to complete modules in the specified time period the Facility Administrator will be notified immediately. If at any time there are difficulties with the dialysis machine set-up, treatment monitoring, or termination of the treatment, the Facility Administrator will be notified. The Preceptor and Facility Administrator will assess the training schedule and orientee's progress and if needed will make changes in the orientation program.

U.S. RENAL CARE

POLICY : NEW CLINICAL STAFF ORIENTATION- THEORY CLASS TOPICS		EFFECTIVE DATE: 01/2011
POLICY #: EO-0003	PAGE 1 OF 2	REVISION DATE: 8/2015

THEORY CLASS TOPICS

Introduction

History of Dialysis

Renal Anatomy and Physiology

Etiology of Renal Failure

Manifestations of Renal Failure (Uremia)

Renal Nutrition

Infection Control

Principles of Dialysis (Osmosis and Diffusion)

Dialyzers and Dialysate

Reuse

PD/Home Hemo

Transplant

Basics of Administering Medications

Common Medications Given in Dialysis

Types of Vascular Access/Cannulation/Hemostasis

Conflict Skills / Psychosocial/Interpersonal Communication

Components of the Machine

Components of the Water System

Labs / Adequacy

Patient Assessment

Medical and Technical Complications

Documentation

What to Report to the Charge Nurse

Review

Knowledge Assessment Test

Anemia Management (Nurses only)

U.S. RENAL CARE

POLICY : NEW CLINICAL STAFF ORIENTATION- THEORY CLASS TOPICS		EFFECTIVE DATE: 01/2011
POLICY #: EO-0003	PAGE 2 OF 2	REVISION DATE: 8/2015

Adequacy Management (Nurses only)

Vitamin D Management (Nurses only)

Knowledge Assessment – Medication Test (Nurses only)

IN ADDITION EMPLOYEES ARE RESPONSIBLE FOR:

EMR Training (Contact Key User/FA)

OSHA/Safety Training-Intralearn (Contact Intralearn Administrator or Clinical Specialist)

U.S. [**RENAL CARE**]

Certificate of Completion

awarded to

on this _____ *day of* _____, 20 _____

*In recognition of the successful completion of the US Renal Care Training Program
and Theory Class as required by US Renal Care policies and procedures*

Medical Director

Administrator

U.S. RENAL CARE

POLICY : Training Hours Tracking Log		EFFECTIVE DATE: 01/2011
POLICY #: EO-0004	PAGE 1 OF 1	REVISION DATE: 4/2011

Training Hours Tracking Log

- Experienced dialysis employees need to meet state required minimum orientation hours
- Non-experienced employees need to meet the state required minimum of clinical and theory hours
- Fill in this form daily.

Date	Daily Clinical Hours <i>(experienced & non-experienced)</i>	Daily Theory Class Hours <i>(non-experienced employees only)</i>
Total Hours		

Employee Name (Print)

Employee Signature

Date

U.S. RENAL CARE

POLICY : FACILITY ORIENTATION		EFFECTIVE DATE: 01/2011
POLICY #: EO - 0005	PAGE 1 OF 1	REVISION DATE: 8/2015

Employee: _____
 Title: _____
 Date of Hire: _____
 Facility Name: _____

	Date Completed	Preceptor Signature
1. Business and Office Forms		
2. Biohazardous Waste Storage Room, lock, key		
3. Hours of Operation		
4. Introduction of Staff		
5. Tour of entire building		
6. Telephone Usage & Mobile Device Usage		
7. TB Skin Testing and/or x-ray		
8. Employee storage/lockers		
9. Laws and regulations regarding smoking		
10. Location of Emergency Numbers		
11. Location of Emergency Cart		
12. Locations of Emergency Plans / Floor evacuation routes		
13. Fire Evacuation procedure and meeting location		
14. Location of Fire Exit signs		
15. Patient only bathrooms		
16. Staff only bathrooms		
17. Exam Room		
18. Medication refrigerator, medication storage		
19. Emergency audible and visual alarm system, locations/purpose/operation		
20. Location of Policy and Procedure Manual		
21. Patient's Rights and Responsibilities posted		
22. Patient Grievance Posted		
23. Employee Compliance Hotline Poster		
24. Education Binder		
25. Location of Staff Bulletin Board		

_____, has successfully completed the USRC Facility Orientation to include successful return demonstrations and is competent to perform the duties included on this Facility Orientation.

Employee Signature: _____ Date: _____
 Preceptor Signature: _____ Date: _____
 Medical Director Signature: _____ Date: _____

U.S. RENAL CARE

POLICY : MEDICAL DIRECTOR FACILITY ORIENTATION AND REPONSIBILITIES		EFFECTIVE DATE: 11/2014
POLICY #: EO – 0005.1	PAGE 1 OF 2	REVISION DATE:

Medical Director: _____
Date of Hire: _____
Facility Name: _____

	Date Reviewed	Preceptor Signature
1. Hours of Operation		
2. Introduction of Staff		
3. Tour of entire building		
4. Cell Phone Usage (as pertains to orders)		
5. TB Skin Testing and/or x-ray & Hepatitis Testing		
6. Laws and regulations regarding smoking		
7. Location of Emergency Cart & Review of Supplies		
8. Locations of Emergency Plans / Floor evacuation routes		
9. Fire Evacuation procedure and meeting location (C-EM-0010; C-EM-0011; C-EM-0012; C-EM-0013)		
10. Location of Fire Exit signs & Fire Extinguishers		
11. Exam Room Location		
12. Medical Staff By-Laws (C-AD-0090)		
13. Governing Body Members/Process Review (C-AD-0030; C-AD-0040; C-AD-0050; C-AD-0060)		
14. Comprehensive Patient Assessment/Plan of Care by IDT (C-AD-0480; C-AD-0490; C-AD-0500)		
15. QAPI Process and Committee Members (QM-1001; QM-1002)		
16. Patients' Rights and Responsibilities (C-AD-0240; C-AD-0250)		
17. Patient Grievance Procedure (C-AD-0280; C-AD-0290)		
18. Employee Compliance Hotline Poster		
19. Reviewed Emergency audible and visual alarm system, locations/purpose/operation		
20. Reviewed Infection Control Policies, PPE requirement (C-IC-0010; C-IC-0020; C-IC-0060) Review and Location of Clean/ Hand Washing Sinks		
21. Water System: (Model) _____		
22. On site review of Water System		
23. Water Treatment Documentation Review (TM-02-03; TM-02-04)		
24. Start Up/Shut Down Procedure Review		
25. Emergency Bypass Procedure Review – DI Process Review and Documentation (TM-02-07)		

U.S. RENAL CARE

POLICY : MEDICAL DIRECTOR FACILITY ORIENTATION AND REPONSIBILITIES		EFFECTIVE DATE: 11/2014
POLICY #: EO – 0005.1	PAGE 2 OF 2	REVISION DATE:
26. Total Chlorine Testing Review (TM-02-06)		
27. Water Hardness Testing Review (TM-02-05)		
28. % Rejection Testing Review		
29. RO Cleaning & Disinfection Review (TM-04-02)		
30. Microbiology – Schedule, Sampling, Documentation & Reporting (TM-05-01)		
31. AAMI Analysis – Collection, Documentation & Reporting		
32. PM Schedule Review (TM-06-04)		
33. Biomed Status Report		

_____, has successfully completed the USRC Medical Director Facility Orientation and is knowledgeable in the duties included on this Facility Orientation.

Preceptor Signature (FA): _____ **Date:** _____

Preceptor Signature (Biomed): _____ **Date:** _____

Medical Director Signature: _____ **Date:** _____

U.S. **RENAL CARE**

POLICY: SCAVENGER HUNT		EFFECTIVE DATE: 01/2011
POLICY # EO-0006	PAGE 1 OF 1	REVISION DATE: 8/2015

***** SCAVENGER HUNT *****

Please locate the following items in your clinic. This is a good way to familiarize yourself with your new clinic!

1. Crash cart:
2. Emergency supply box:
3. Fire extinguishers:
4. SDS book:
5. Flashlight:
6. Eye wash station:
7. Personal protective equipment:
8. Emergency telephone numbers:
9. Electrical box/circuit breakers:
10. Oxygen:
11. AED:
12. Hand washing sinks:
13. Break room:
14. Designated clean / dirty sinks:
15. Tri Station and Phoenix Meters
16. Medical Records
17. Designated wheelchair storage area
18. Clamp & Disconnect pouches
19. Privacy Screen
20. Designated safe area or zone (i.e. in case of tornado)

Name: _____ Signature: _____ Date: _____

U.S. RENAL CARE

POLICY: HEMODIALYSIS KNOWLEDGE ASSESSMENT TEST		EFFECTIVE DATE: 01/2011
POLICY # EO-0007	PAGE 1 OF 1	REVISION DATE: 08/2015

HEMODIALYSIS KNOWLEDGE ASSESSMENT TEST

All tests in the **Employee Education Manual** are to be passed with a score of 80% including the “Hemodialysis Knowledge Assessment Test.” Passing of the “Hemodialysis Knowledge Assessment Test” includes experience and non-experienced staff. Inexperienced staff must complete theory class and must complete the knowledge assessment prior to being assigned an independent assignment. Experienced staff must complete the knowledge assessment prior to being assigned an independent assignment. If an experienced Care Giver does not pass the “Knowledge Assessment Test” the first time – the employee needs to attend a theory class and retake the exam.

All employees (experienced and non-experienced) may take the “Hemodialysis Knowledge Assessment Test” a maximum of three times. Failure by the employee to pass the Hemodialysis Knowledge Assessment Test after the 3rd attempt may result in termination of employment.

Exam is available on IntraLearn (IL). Contact Marlene De Vera at 562-285-5525 or mdevera@usrenalcare.com to have the test assigned.

U.S. RENAL CARE

POLICY : PATIENT CARE TECHNICIAN CERTIFICATION		EFFECTIVE DATE: 01/2011
POLICY #: EO - 2001	PAGE 1 OF 1	REVISION DATE: 8/2015

POLICY:

All Patient Care Technicians (PCT's) shall be certified under a state or a nationally approved certification program as follows:

1. For newly employed patient care technicians, within 18 months of being hired as a dialysis patient care technician or
2. For patient Care technicians employed on October 14, 2008, within 18 months after this date (on or before April 14, 2010).
3. For current employees who transfer in to the patient care technician role from other jobs (reuse or water treatment technicians) certification will be obtained in 18 months from the date he/she started in the new PCT position

Ultimately US Renal Care (USRC) recognizes that certification of the PCT is an individual responsibility and a condition of continued employment in the dialysis industry. USRC will:

1. Offer review classes for voluntary attendance.
2. Offer copies of the "Amgen Care Curriculum for the Dialysis Technician" as a study guide.
3. Assist the employee with the application process to ensure completion and thoroughness of each application.
4. Reimburse the PCT for the initial exam once proof of passing score is provided.
5. Encourage each PCT Trainee to sit for the certification exam no later than the end of 18 months of being hired as a dialysis Patient Care Technician. This is to ensure adequate time to reschedule and retake the exam by the 18-month deadline, if necessary.

U.S. RENAL CARE

POLICY: CLINICAL ORIENTATION CHECKLIST / HOME TRAINING NURSE - HEMODIALYSIS		EFFECTIVE DATE: 01/2011
POLICY # EO-4001	PAGE 1 OF 4	REVISION DATE: 8/2015

Clinical Orientation Checklist / Home Training Nurse - Hemodialysis

Employee: _____

Title: _____

Date of Hire: _____

Objective	Date Completed	Preceptor Signature
Standard Precautions/Exposure Control		
a. Aseptic Technique		
Supplies		
a. Effective use of dialysis supplies and equipment		
b. Ordering of supplies and delivery		
Patient Assessment		
a. Blood Pressure		
b. Pulse/Heart Sounds		
c. Respiration's/Lung Sounds		
d. Weight Measurement		
e. Temperature		
f. Physical Assessment		
Water Testing		
a. RO: ACTIVATE BYPASS VALVE		
b. pH		
c. Chlorine		
d. Hardness		
e. Water Supply Problems or Leaks		
Machine Setup		
a. Bath		
b. Alarm Testing		
c. Line Placement		
d. Priming Procedure		
e. Conductivity / pH Procedure		
f. Treatment settings		
TREATMENT PROCEDURE		
Treatment Planning / Initiation		
a. Calculating Fluid Replacement/Removal		
b. Setting UF/ Sodium Modeling Profiles and other Unique Orders		
c. Ultrafiltrate Only		
d. Heparin Administration		
e.		

U.S. RENAL CARE

POLICY: CLINICAL ORIENTATION CHECKLIST / HOME TRAINING NURSE - HEMODIALYSIS		EFFECTIVE DATE: 01/2011
POLICY # EO-4001	PAGE 2 OF 4	REVISION DATE: 8/2015

Objective	Date Completed	Preceptor Signature
f. Patient Monitoring		
a. Vital signs		
b. Fluid Replacement		
c. Complication Assessment and Treatment		
g. Machine Specific		
COMPLICATION INTERVENTION		
a. Hypotension		
b. Hypertension		
c. Nausea / Vomiting		
d. Symptoms of hyperkalemia		
e. Cramping		
f. Chest Pain		
g. S.O.B.		
h. Seizures		
i. Cardiac – Respiratory Arrest		
MEDICATION ADMINISTRATION		
a. P.O.		
b. I.M.		
c. I.V. Push		
d. I.V. Drip		
e. Sub. Q		
TREATMENT TERMINATION		
a. Rinse Back Procedure		
b. Removal of Fistula Needle Using Safety Devices		
c. Treatment of Post Treatment Bleeding		
d. Care of Catheters Post Treatment		
e. Proper Disposal of Used Supplies		
VASCULAR ACCESS		
Catheters		
a. Assessment		
b. Pretreatment Preparation		
c. Accessing the Blood Stream		
d. Correcting Operational Problems:		
d. Correcting Operational Problems:		
1. Poor Arterial Flow		
2. Poor Venous Flow		
3. Clotting in Catheter		
4. Elevated Arterial / Venous Pressures		
5. Site Infections / Cultures		
e. Take Off Preparation		
f. Rinseback Procedure		
g. Post Treatment Care of Catheter		
h. Dressing Change – Sterile Technique		

U.S. RENAL CARE

POLICY: CLINICAL ORIENTATION CHECKLIST / HOME TRAINING NURSE - HEMODIALYSIS		EFFECTIVE DATE: 01/2011
POLICY # EO-4001	PAGE 3 OF 4	REVISION DATE: 8/2015

Objective	Date Completed	Preceptor Signature
Fistulas / Grafts		
a. Assessment of Bruit and Thrill		
b. Pretreatment Preparation		
c. Cannulation		
d. Operational Problems and Corrections:		
1. Infiltration with Cannulation		
2. Infiltration during Treatment		
3. Arterial / Venous Spasms		
4. Arterial / Venous Pressure Problems		
5. Localized Bleeding		
6. Dislodged Needle		
7. Clotted Needle / Dialyzer		
8. Blood Leak into Dialysate		
9. Blood Leak Outside of Blood Path		
DOCUMENTATION		
a. Flow sheets		
b. RO Daily Log Sheet		
c. Other		
DIAGNOSTIC LABORATORY TESTING		
a. Monthly and Other Lab Work		
b. Blood Glucose Testing		
PATIENT EMERGENCIES		
a. Air Embolism		
b. Line disconnection		
c. Cardiac / Respiratory Arrest		
d. Unstable Angina		
e. Seizure		
f. Shock		
g. "New Dialyzer Reaction"		
h. Chlorine in Dialysate		
i. Other		
EQUIPMENT AND BUILDING EMERGENCIES		
a. Dialyzer Blood Leak		
b. Disinfection of Machine and Supplies		
c. Clotted Dialyzer and/or Lines		
d. Hemodialysis Machine Failure		
e. Loss of Electrical Power		
a. Hand Crank Take Off Procedure		
f. Fire or Flood		
a. Emergency Evacuation of Home		
g. Emergency Events		

U.S. RENAL CARE

POLICY: CLINICAL ORIENTATION CHECKLIST / HOME TRAINING NURSE - HEMODIALYSIS		EFFECTIVE DATE: 01/2011
POLICY # EO-4001	PAGE 4 OF 4	REVISION DATE: 8/2015

_____ has successfully completed the USRC Clinical Orientation Checklist/Home Training Nurse – Hemodialysis to include return demonstrations and is competent to perform the clinical duties included on this checklist.

ORIENTATION COMPLETED ON: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PRECEPTOR SIGNATURE: _____ **DATE:** _____

MEDICAL DIRECTOR SIGNATURE: _____ **DATE:** _____

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 1 OF 9	REVISION DATE: 8/2015

☐ NEW- Employee will perform 3 Supervised Treatments by an RN ☐ Yearly Update					
This tool certifies that: ☐ has been validated for the following skills					
Validated By:	Title:	Skill Introduced		Validated By:	Validated By:
		Date	Trainee Initials		
SKILLS					
Infection Control					
Follows all US RENAL CARE policies and procedures					
Wears appropriate PPE					
Washes hands beginning of machine set-up, before patient care is initiated, between patients, machines contact, glove change					
Demonstrates good hand washing technique					
Separates biohazardous trash and handles appropriately					
Disinfects machine surface at end of treatment and between patients					
Cleans blood spills per protocol					
Chair/bedside and machine neat, clean, and free of sharps					
Medical Records Documentation					
Review patient medical record for new orders prior initiating HD treatment					
Nurse must read History & Physical Predialysis					
Any new orders noted must be verify as signed by physician					
Documents patients Vital Signs pre HD					
Pre-weight prior initiating HD treatment					
Laboratory draws as ordered					
Post weight noted					
Consent form for dialysis signed					
Incident Reports completed and sent to Supervisor					
Patient and Staff injury reports					

U.S. RENAL CARE

HOME THERAPIES *Dialysis At Home*

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 2 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW	☐ Yearly Update
This tool certifies that _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Skill Introduced		Date
	Date	Trainee Initials	
Water Treatment			
Completes water treatment log			
Performs Chloramine test			
Record pH/conductivity			
% Rejection			
TDS			
Equipment Operation			
Bicarb preparation			
Cleaning and disinfection procedures			
Machine tests Alarm, Pressure			
Alarm troubleshooting			
Contacts Technical Department			
Routine Dialysis Set-up – Residual Sterilant Testing			
Machine test performed per protocol			
Dialysis Machine Set-up			
Priming Dialyzer			
Checks for Residual Sterilant of dialysis machine			
Care of Reagent Strips			
Admission Protocol			
Pre-Weight			
Bedscale weights			
Blood Pressure (machine and manual)			
Pulse (machine and manual)			
Temperature			

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 3 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW	☐ Yearly Update
This tool certifies that: _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Date	Skill Introduced	Date
Neurological Status		Trainee Initials	
Fluid Status			
Edema, Skin Turgor			
Heart Sounds			
Lung Sounds			
Presence of obvious signs of: Shortness of Breath; Neck Vein Distension; Involuntary Movement; Anxiety			
Level of Consciousness			
Speech			
Emotional Status			
Inspects skin for: Petechiae-bleeding under the skin; Bruises; Hematomas; Skin Lesions; and Edema			
Access Assessment			
Graft			
- Presence of Bruit, thrill			
- Graft orientation (arterial/venous flow)			
- Presence of pseudoaneurysm			
- Assesses for infection			
- Clotted graft			
- Suture removal			
A-V Fistula			
- Presence of bruit, thrill			
- Assesses fistula maturation process, needle gauge, Qb			
- Use of tourniquet to cannulate fistula			

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 4 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW	☐ Yearly Update
This tool certifies that _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Date	Skill Introduced	Validated By:
		Trainee Initials	SKILLS
- Presence of aneurysm			
- Assesses for infection			
- Needle Infiltration			
Permanent/Temporary Catheter			
- Assesses exit/entrance site for infection			
- Catheter troubleshooting			
- Removal of Catheter sutures			
- Dressing change			
Treatment Initiation			
Topical anesthetic applied (if applicable)			
Preparation of access – appropriate cleansing of site/catheter scrub			
Access orientation verified (arterial/venous flow)			
Cannulation of A-V Fistula			
Cannulation of Graft			
Accesses catheter (temporary or permanent) per procedure			
Pre-dialysis labwork (prior to heparinization)			
Heparin bolus (waits 3-5 minutes before initiating treatment, allows for systemic heparinization)			
Program UFR/Target Loss			
B/P alarm parameters set and verified			
Initiated dialysis, obtains and documents venous pressure (if appl), clamps normal saline line			
Sets QB, UF profile, NA variable per Rx			

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 5 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW	☐ Yearly Update
This tool certifies that		has been validated for the following skills	
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Skill Introduced	SKILLS	SKILLS
Complications/Special Procedures During Dialysis			
Pyrogen reaction			
Hemolysis			
Needle infiltration			
Catheter troubleshooting			
Hypoglycemia and use of glucometer, chem. Strips			
Hypotension			
Chest pain			
Air embolism			
Dialyzer reaction			
Seizure			
Transfusion reaction			
Clotted System			
Air in blood			
Chills, fever			
Blood leak			
Accidental blood loss during dialysis			
Heparin-free dialysis			
Recirculation of extracorporeal system during dialysis			
Patient monitoring, BP verification			
Patient dialyzing on wrong dialyzer			
Reverse TMP			
Pure Ultra Filtration			
Heparin preparation and systemic heparinization			

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 6 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW	☐ Yearly Update
This tool certifies that _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Skill Introduced	SKILLS	SKILLS
Medications			
1% Lidocaine			
0.9% normal saline			
Calcijex/Zemplar/Hectoral (other Vitamin D3)			
EPO/Aranesp (refrigeration/dose)			
IV iron – Test dosing, management of reactions			
Antibiotics			
Carnitor			
TPA			
Medication review			
Adding/changing medications -			
Vaccines-Hep B, Flu, Pneumovax, TB testing			
Discontinuation of Dialysis, Discharge protocol			
Post=treatment labwork (post BUN)			
Rinseback – graft fistula			
BP (sitting or standing) obtained per facility protocol prior to needle removal			
Needles removed/pressure held to sites/Band-Aids applied			
Use of access clamps			
Catheter closed per procedure			
Standing B/P			
Temperature			
Post weight-accurate, recorded			
UF total, BVP recorded			

U.S. RENAL CARE

HOME THERAPIES *Dialysis at Home*

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 7 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff		☐ NEW ☐ Yearly Update	
Skills Checklist – Licensed Staff			
This tool certifies that _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Date	Skill Introduced	Date
Dialyzer Disposal policy		Trainee Initials	
Complete Dialysis flow sheet. Place original copy of flow sheet in patients chart under graphics			
Discard any bicarbonate left at the end of the day			
Emergency Preparedness			
Pt. Code status (DNR)			
Manual blood return (hand crank)			
Emergency clamp procedure (Clamp and Disconnect)			
Evacuation procedure			
Unit Preparation			
Ordering monthly supplies			
Machine acid cleaning/bleaching			
Machine disinfection			
Laboratory Studies			
Pre/post BUN samples (URR)			
Recirculation studies			
Lab values			
Obtaining sample correctly – order of draw			
Blood cultures			
Packaging of blood work for transport			
Notification of Physician			
After initiation of dialysis			
Any change in patient's medical condition			
Delay in dialysis treatment			

U.S. RENAL CARE

HOME THERAPIES *Dialysis At Home*

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 8 OF 9	REVISION DATE: 8/2015

Skills Checklist – Licensed Staff ☐ NEW ☐ Yearly Update			
HOME DIALYSIS PROGRAM			
This tool certifies that _____ has been validated for the following skills			
Validated By:	Title:	Validated By:	Validated By:
SKILLS	Skill Introduced	Validated By:	Date
Incidents occurring during dialysis: for shorten dialysis, for patient who wish to terminate dialysis early			
For shortened dialysis			
Early termination of Dialysis by Patient			
Complete AMA Form			
Miscellaneous policy/procedure			
Code of professional conduct			
Work schedule			
Exposure control			
Personal phone calls, cell phone use			
Pulling machine from use/replacing with new machine			
Proof of current CPR certification			
Protocols, Algorithms, Guidelines			
- Use under MD guidance			
- Independently phone MD			
Collaborates with Team to care for patient			
Notifying Supervisor of Problems			
Documentation			
Record all events related to the dialysis treatment			
Turning in paperwork weekly (notes, TX sheets, time sheets)			
Turning in monthly paperwork (IV and P.O. medication sheets)			
AMA form (if applicable)			

POLICY: SKILLS CHECKLIST – LICENSED STAFF Home Dialysis Program		EFFECTIVE DATE: 01/2011
POLICY # EO-4003	PAGE 9 OF 9	REVISION DATE: 8/2015

Comments:

I certify that I have received sufficient training for the skills described and documented as completed above. I understand that I am to follow Policies and Procedures. I further understand that I am to seek supervisory assistance for any skills above that I have not demonstrated satisfactory performance for or for any procedure that I have not been trained to carry out.

Orientee

Date

I certify that this associate has received the documented information and training and can successfully perform the procedures and skills described above.

Preceptor

Date

Preceptor Initials

Secondary Preceptor (as applicable)

Date

Preceptor Initials

Facility Administrator

Date

Medical Director

Date

U.S. RENAL CARE

POLICY : STAFFING POLICY		EFFECTIVE DATE: 01/2011
POLICY #: C-AD-0140	PAGE 1 OF 2	REVISION DATE: 03/2016

Staffing requirement for the ESRD facility include the coordination of personnel by the Facility Administrator to adequately staff for safe and effective provision of patient care.

The following guidelines will direct the staffing of each facility.

1. A fulltime supervising nurse shall be employed to manage the provision of patient care.
2. A nurse or nurses functioning in the charge role shall be on site and available to the treatment area to provide patient care during all dialysis treatments.
3. A registered nurse shall be in the facility when patients are present in the facility – if applicable.
4. Licensed nurse to patient ratio shall meet the required state regulations which govern the facility. If there are no state specific regulations, then the minimum requirement is to have one licensed nurse to every 12 patients.
5. Sufficient direct care staff shall be on-site to meet the needs of the patients. The ratio of direct care staff shall be one to four patients per shift, unless specified by state-specific regulations. The staffing level shall not exceed that which is required by state specific regulations which govern the facility. See below for state specific staffing requirements.

State Specific Staffing Requirements

State	Licensed Staff to Patient Ratio	Direct Care Staff to Patient Ratio
Alabama	None	None
Arizona	None	None
Arkansas	None	None
California	None	None
Florida	None	None
Colorado	None	None
Connecticut	1 to 9 Nurse Ratio Charge Nurse cannot take patient assignment.	None
Delaware	None	None
Georgia	1 to 10	1 to 4
Guam	None	None
Idaho	None	None
Illinois	None	None

U.S. RENAL CARE

POLICY : STAFFING POLICY		EFFECTIVE DATE: 01/2011
POLICY #: C-AD-0140	PAGE 2 OF 2	REVISION DATE: 03/2016

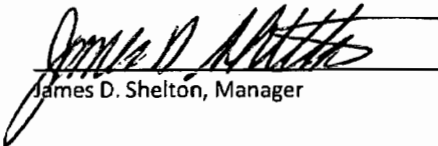
Indiana	None	None
Indiana	None	None
Maryland	Charge Nurse may not be included in the staffing ratio except when there are 9 or fewer patients or in the event of an emergency	1 to 3
Massachusetts	1 RN other than Director of Nursing whenever patients are undergoing dialysis	1 direct care staff to every 3 patients
Missouri	None	None
New Jersey	1 to 9	1 to 3
New Mexico	None	None
New York	None	None
North Carolina	None	None
Ohio	None	None
Oklahoma	None	None
Oregon	1 to 16. Charge Nurse may not be included in the staffing plans for over 12 patients	1 to 4
Pennsylvania	None	None
South Carolina	1 to 10	1 to 4
Tennessee	None	None
Texas	1 to 12	1 to 4
Virginia	None	None
Wyoming	None	None

Support Services

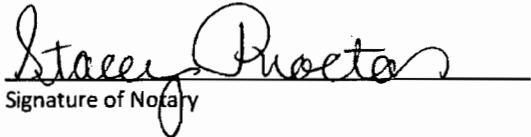
USRC Hickory Hills, LLC

In accordance with 77 Ill. Admin. Code § 1110.1430(f), Applicant certifies that:

1. It will utilize the Health Informatics International system for the provision of care to its patients;
2. It will make support services available to its patients consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
3. It will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training at US Renal Care Hickory Hills Dialysis.


James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal



Minimum Number of Stations

The proposed USRC Hickory Hills, LLC contemplates the establishment of 13 ESRD stations, which meets the minimum station requirements for a metropolitan statistical area.

Continuity of Care

A copy of a signed, written affiliation agreement with a hospital for the provision of in-patient care and other hospital services follows this page.

Transfer Agreement

USRC Hickory Hills, LLC, an Illinois limited liability company doing business as U.S. Renal Care Hickory Hills Dialysis (the "Center") and _____ (the "Hospital") an Illinois not-for-profit corporation, make and enter into this Transfer Agreement ("Agreement"), effective as of this 16th day of June, 2016. The Center and the Hospital are each a "Party" and are collectively the "Parties."

WHEREAS, the Center has submitted to the Illinois Health Facilities Services and Review Board (the "Board") an application for a certificate of need permit to establish a free-standing renal dialysis center for treatment of patients with end-stage renal disease, which the Center will locate in Hickory Hills, Illinois;

WHEREAS, the Hospital owns and operates a licensed and Medicare-certified acute-care hospital, located at _____, Illinois, in reasonable proximity to the Center;

WHEREAS, patients of the Center ("Patients") may require, from time to time, evaluation, treatment, or admission to the Hospital; and

WHEREAS, the Center and the Hospital desire to enter into this Agreement in order to specify the rights and duties of each of them and to specify the procedure for facilitating the transfer of Patients to the Hospital.

NOW, THEREFORE, to facilitate the transfer of Patients to the Hospital, the Center and the Hospital agree to the terms of this Agreement, as set forth below.

1. TRANSFER OF PATIENTS: If the Center determines that a Patient needs emergency evaluation, treatment, or admission to the Hospital, and a Hospital physician accepts the transfer of the Patient, the Hospital will accept the transfer of the Patient, as promptly as possible, provided such transfer meets the Hospital's transfer requirements, and the Hospital has adequate staff and bed space for the Patient. A designated staff member of the Center shall contact a designated staff member of the Hospital to facilitate such transfer and admission to the Hospital. The Hospital shall receive Patient in accordance with applicable federal and state laws and regulations and the reasonable Hospital policies and procedures. The Hospital's responsibility for Patient's care shall begin when Patient enters the Hospital.

2. RESPONSIBILITIES OF THE CENTER: The Center shall be responsible for performing or ensuring the performance of the following:

a. Transportation: The Center will arrange for transportation of Patient to the Hospital;

b. Designated Coordinator: The Center will designate a staff member who has authority to represent the Center and to coordinate the transfer of the

Patient to the Hospital ("Transfer Coordinator"). The Center will notify the Hospital and keep it apprised of the name and contact information of the Transfer Coordinator;

c. Notice to Hospital: The Center's designated staff person will notify Hospital's Admission Coordinator before the transfer to alert the Hospital of the impending and estimated time of arrival of Patient and to provide information on Patient, to the extent Section 4 of this Agreement allows;

d. Patient Choice: The Center recognizes the right of a Patient to (i) request transfer into the care of a hospital of the Patient's choosing and (ii) refuse to consent to treatment or transfer; and

e. Compliance with Law: The Center will comply with the requirements of applicable state and federal laws relative to the care and transfer of individuals to hospitals.

3. RESPONSIBILITIES OF THE HOSPITAL: The Hospital shall be responsible to perform or ensure the performance of the following:

a. Designated Coordinator: The Hospital will designate a person who has authority to represent the Hospital and to coordinate the transfer and admission of Patients into the Hospital ("Admission Coordinator"). The Hospital will notify the Center and keep it apprised of the name and contact information of the Admission Coordinator; and

b. Compliance with Law: The Hospital will comply with the requirements of applicable state and federal laws relative to individuals admitted to hospitals.

4. PATIENT INFORMATION: In order to meet Patients' needs for hospital care, the Center shall provide relevant Patient information to the Hospital. Such information must include: Patient's name, social security number, date of birth, insurance coverage, Medicare beneficiary information (if applicable), current medical findings, diagnoses, known allergies or medical conditions, treating physician, contact person in case of emergency, and any other relevant information Patient has provided the Center in advance.

5. NON-EXCLUSIVITY: This Agreement shall in no way give the Hospital an exclusive right of transfer of Patients to the Hospital. The Center may enter into similar agreements with other hospitals, and Patients will continue to have complete autonomy with respect to decisions on medical care.

6. FREEDOM OF CHOICE: In entering into this Agreement, the Center in no way endorses or promotes the services of the Hospital. Rather, the Center intends to coordinate timely transfer for medical care. Patients are in no way restricted in their choice of hospitals or medical-care providers.

7. BILLING AND COLLECTIONS: Hospital and the Center are each responsible for billing the appropriate payer for the services it provides. Neither Party shall have any liability to the other Party for such charges.

8. INDEPENDENT RELATIONSHIP: In performing services pursuant to this Agreement, the Hospital and all employees, agents, or representatives of the Hospital are, at all times, acting and performing as independent contractors, and nothing in this Agreement is intended, and nothing shall be construed, to create an employer/employee, partnership, or joint-venture relationship between them. The Center shall neither have nor exercise any direction or control over the methods, techniques, or procedures by which the Hospital or other employees, agents, or representatives of the Hospital perform their professional responsibilities and functions. The sole interest of the Center is to coordinate timely transfer of Patients for medical care.

9. INSURANCE: The Hospital shall maintain, at no cost to the Center, professional-liability insurance in an amount customary for its business practices. The Hospital shall provide evidence of the coverage required herein to the Center on an annual basis.

10. INDEMNIFICATION: Each Party shall indemnify, defend, and hold harmless the other Party from and against any and all liability, loss, claim, lawsuit, injury, cost, damage, or expense whatsoever (including reasonable attorneys' fees and court costs), arising out of, incident to, or in any manner occasioned by the Center's or the Hospital's (or any of its employee's, agent's, contractor's, or subcontractor's) performance or nonperformance of any duty or responsibility under this Agreement.

11. TERM AND TERMINATION

a. Term: The term of this Agreement shall commence on the date of execution and shall continue in effect for one year (the "Initial Term") and shall renew on an annual basis ("Renewal Term"), absent either Party's written notice of non-renewal to the other Party, at least 30 calendar days before the expiration of the Initial Term or any subsequent Renewal Term of this Agreement.

b. Events of Termination: Notwithstanding the foregoing, either Party may terminate this Agreement upon the occurrence of any one of the following events:

i. *For No Cause:* At any time upon 30 days prior, written notice to the other Party.

ii. *Insolvency:* Upon 10 business days' prior written notice, in accordance with Section 12.h of this Agreement, if either Party shall: apply for or consent to the appointment of a receiver, trustee, or liquidator of itself or of all or a substantial part of its assets; file a voluntary petition in bankruptcy; admit in writing its inability to pay its debts as they become due; make a general assignment for the benefit of creditors; file a petition or an answer seeking reorganization or arrangement with creditors or take advantage of any insolvency law; or enters a court of competent jurisdiction

order, judgment, or decree or an application of a creditor, adjudicating such Party to be bankrupt or insolvent, approving a petition seeking reorganization of such Party, appointing a receiver, trustee or liquidator of either such Party or of all or a substantial part of such Parties' assets; and such order, judgment, or decree continues in effect and unstayed for a period of 30 consecutive calendar days.

c. Immediate Termination: Notwithstanding anything to the contrary in this Agreement, this Agreement terminates immediately upon the following events: (i) the suspension or revocation of the license, certificate, or other legal credential, authorizing the Hospital to provide hospital and medical care services; (ii) the termination of the Hospital's participation in, or the exclusion from, any federal or state health program, for reasons related to fraud or failure to comply with certification standards in the rendering of health services; or (iii) the cancellation or termination of the Hospital's professional liability insurance that this Agreement requires, and the Hospital has not obtained replacement coverage.

12. MISCELLANEOUS PROVISIONS

a. Counterparts: The Parties may execute this Agreement in any number of counterparts, each of which shall be an original, but all such counterparts together shall constitute the same instrument.

b. Waiver: Any waiver of any terms and conditions hereof must be in writing, and the Parties have signed it. A waiver of any of the terms and conditions hereof shall not waive any other terms and conditions hereof.

c. Severability: The provisions of this Agreement are severable, and, if a court of competent jurisdiction finds any portion invalid, illegal, or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

d. Headings: All headings herein are only for convenience and ease of reference, and no one may consider them in the construction or interpretation of any provision of this Agreement.

e. Assignment: The Parties may not assign, delegate, or subcontract this Agreement, without the prior written consent of the other Party.

f. Governing Law: The laws of the State of Illinois shall govern the enforcement and interpretation of this Agreement.

g. Jurisdiction and Venue: The Parties agree that in the event that either Party fails to meet the obligations in this Agreement, the Circuit Court of Cook County, Illinois will have exclusive jurisdiction for any dispute arising out of this Agreement and will be the exclusive venue for any such dispute. The Parties and any other obligated persons will consent to the personal jurisdiction of the court.

h. Notices: Any required or permitted notice herein shall be in writing. The notice will be duly given (i) on the date of service, if a Party personally serves it on the other Party, or (ii) on the fourth day after mailing, if a Party mails it to the other Party by certified mail, return receipt requested, postage pre-paid, at the address below:

To Dialysis Provider:

To the Hospital:

With a copy to:

With a copy to:

or at such other place or places as any Party designates in by written notice to the other.

i. Amendment: The Parties may amend this Agreement upon their mutual, written agreement.

j. Regulatory Compliance: The Parties agree that nothing contained in this Agreement shall require the Center to refer residents to the Hospital for hospital or medical-care services or to purchase goods and services. Notwithstanding any unanticipated effect of any provision of this Agreement, neither Party will knowingly and intentionally conduct its behavior in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs.

k. Access to Books and Records: If applicable, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States, or any of their duly authorized representatives, the Hospital shall make available to the Secretary or to the Comptroller General those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing its services under this Agreement. The Hospital shall make such inspection available for up to four years after the rendering of such service. Public Law 96-499 and applicable regulations governs and requires this Section 12.k. The Parties agree that this Agreement shall not waive any attorney-client, accountant-client, or other legal privileges.

IN WITNESS THEREOF, the Parties, through their duly authorized officers, have executed this Agreement as of the date first written above.

USRC Hickory Hills, LLC

By: _____

By: _____

Its: Manager

Its: _____

Assurances

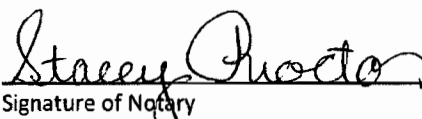
USRC Hickory Hills, LLC

In accordance with 77 Ill. Admin. Code § 1110.1430(k), Applicant certifies the following:

1. By the second year of operation after project completion, Applicant will achieve and maintain the 80% utilization standards in 77 Ill. Adm. Code § 1100; and
2. Applicant will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available: $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II 1.2.


James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal



Availability of Funds

Available financial resources, which equal or exceed the estimated total project cost and any related project costs through the following sources, as applicable:

\$1,666,990	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 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;
\$ _____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
\$ _____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$791,375	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: 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.
\$ _____	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 the resolution or other action of the governmental unit attesting to this intent;
\$ _____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$ _____	g) All Other Funds and Sources – verification of the amount and type of any other funds that Applicant will use for the project.
\$2,458,365	TOTAL FUNDS AVAILABLE



U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Financial Statements

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 1400
2323 Ross Avenue
Dallas, TX 75201-2709

Independent Auditors' Report

The Board of Directors
U.S. Renal Care, Inc.:

We have audited the accompanying consolidated financial statements of U.S. Renal Care, Inc. and subsidiaries (the Company), which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of operations, changes in equity, and cash flows for the years then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of U.S. Renal Care, Inc. and subsidiaries as of December 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Dallas, Texas
May 2, 2016

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2015 and 2014

(Dollars in thousands, except share information)

Assets	2015	2014
Cash and cash equivalents	\$ 159,023	60,289
Accounts receivable, net of allowances of \$33,801 and \$31,294	171,116	113,440
Inventories	11,759	6,111
Other receivables	45,079	32,868
Other current assets	10,236	7,003
Total current assets	397,213	219,711
Property and equipment, net	224,361	119,869
Investments in unconsolidated affiliates	17,920	20,967
Amortizable intangibles, net	131,958	36,687
Other intangibles	15,064	11,894
Goodwill	2,233,906	1,264,143
Other long-term assets	2,972	1,868
Total assets	\$ 3,023,394	1,675,139
Liabilities and Equity		
Accounts payable	\$ 24,574	12,151
Accrued expenses	55,845	55,039
Current portion of long-term debt and capital lease obligations	18,945	11,221
Total current liabilities	99,364	78,411
Long-term debt and capital lease obligations, net of current portion	1,935,212	1,203,787
Other long-term liabilities	3,052	1,658
Deferred tax liability	92,769	18,465
Total liabilities	2,130,397	1,302,321
Commitments and contingencies		
U.S. Renal Care, Inc. equity:		
Common stock (\$0.01 par value. Authorized shares, 100; issued and outstanding, 100 shares)	—	—
Additional paid-in capital	523,521	83,147
Retained earnings	44,445	29,632
Total U.S. Renal Care, Inc. stockholders' equity	567,966	112,779
Noncontrolling interests (including redeemable interests with redemption values of \$184,659 and \$255,932)	325,031	260,039
Total equity	892,997	372,818
Total liabilities and equity	\$ 3,023,394	1,675,139

See accompanying notes to consolidated financial statements.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

Years ended December 31, 2015 and 2014

(Dollars in thousands)

	<u>2015</u>	<u>2014</u>
Net operating revenue:		
Net operating revenue before provision for doubtful accounts	\$ 735,294	696,463
Less provision for doubtful accounts	<u>25,798</u>	<u>23,800</u>
Net operating revenue	<u>709,496</u>	<u>672,663</u>
Operating expenses:		
Patient care costs	417,281	389,113
General and administrative	54,227	45,552
Legal cost/settlement	193	1,091
Transaction costs	14,138	3,510
Depreciation and amortization	41,269	41,479
Equity in earnings of unconsolidated affiliates	<u>(2,942)</u>	<u>(1,959)</u>
Total operating expenses	<u>524,166</u>	<u>478,786</u>
Operating income	185,330	193,877
Interest expense, net	75,562	69,105
Loss on early retirement of debt	<u>21,095</u>	<u>—</u>
Income before income taxes	88,673	124,772
Income tax provision	<u>25,239</u>	<u>30,772</u>
Net income	63,434	94,000
Less net income attributable to noncontrolling interests	<u>48,621</u>	<u>45,348</u>
Net income attributable to U.S. Renal Care, Inc.	<u>\$ 14,813</u>	<u>48,652</u>

See accompanying notes to consolidated financial statements.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Statements of Changes in Equity

Years ended December 31, 2015 and 2014

(Dollars in thousands, except share information)

	Common stock		Additional paid-in capital	Retained earnings/ (accumulated deficit)	Total	Noncontrolling interest	Total
	Shares	Amount					
Balance at December 31, 2013	100	\$ —	346,429	(19,020)	327,409	208,132	535,541
Dividend to Parent	—	—	(264,999)	—	(264,999)	—	(264,999)
Class B Unit expense	—	—	1,964	—	1,964	—	1,964
Capital contribution by noncontrolling interests	—	—	—	—	—	3,335	3,335
Distributions to noncontrolling interests	—	—	—	—	—	(38,452)	(38,452)
Noncontrolling interest acquired in purchase business combinations	—	—	—	—	—	46,667	46,667
Exercise of noncontrolling interest put options	—	—	(250)	—	(250)	(6,336)	(6,586)
Sales and disposals of noncontrolling interests	—	—	3	—	3	1,345	1,348
Net income	—	—	—	48,652	48,652	45,348	94,000
Balance at December 31, 2014	100	—	83,147	29,632	112,779	260,039	372,818
Dividend to Parent	—	—	(205,089)	—	(205,089)	—	(205,089)
Issuance of Class A Units	—	—	645,631	—	645,631	—	645,631
Class B Unit expense	—	—	1,803	—	1,803	—	1,803
Capital contribution by noncontrolling interests	—	—	—	—	—	3,077	3,077
Distributions to noncontrolling interests	—	—	—	—	—	(53,130)	(53,130)
Noncontrolling interest acquired in purchase business combinations	—	—	—	—	—	71,665	71,665
Sales of noncontrolling interests, net	—	—	(1,971)	—	(1,971)	(5,241)	(7,212)
Net income	—	—	—	14,813	14,813	48,621	63,434
Balance at December 31, 2015	100	\$ —	523,521	44,445	567,966	325,031	892,997

See accompanying notes to consolidated financial statements.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2015 and 2014

(Dollars in thousands)

	<u>2015</u>	<u>2014</u>
Cash flows from operating activities:		
Net income	\$ 63,434	94,000
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	41,269	41,479
Amortization of debt discount and debt amortization costs	5,245	4,933
Lease agreement intangible amortization included in rent	216	341
Provision for doubtful accounts	25,798	23,800
Equity in earnings of unconsolidated affiliates, net	683	(1,051)
Deferred income taxes	20,575	10,451
Stock compensation expense	1,803	1,964
Net (gain) loss on disposals	3,024	(895)
Loss on early retirement of debt	21,095	—
Changes in operating assets and liabilities, net of effect of acquisitions and divestitures:		
Accounts receivable	(27,166)	(41,592)
Inventories	(1,464)	8,685
Other receivables	1,068	(3,656)
Other current assets	(1,160)	(1,167)
Other long-term assets	(472)	862
Accounts payable and accrued expenses	(23,925)	(16,081)
Other long-term liabilities	(2,157)	(2,421)
Net cash provided by operating activities	<u>127,866</u>	<u>119,652</u>
Cash flows from investing activities:		
Acquisitions, net of cash acquired	72,851	(70,174)
Proceeds from sales of property and equipment	—	635
Additions of property and equipment, net	(38,139)	(31,808)
Proceeds from sales of businesses and noncontrolling interest, net	<u>7,571</u>	<u>2,711</u>
Net cash provided by (used in) investing activities	<u>42,283</u>	<u>(98,636)</u>
Cash flows from financing activities:		
Proceeds from long-term debt borrowings	2,015,000	325,000
Payments on long-term debt and related-party notes payable	(1,750,303)	(9,003)
Deferred financing costs	(72,056)	(5,576)
Proceeds from capital leases	445	142
Capital lease payments	(1,051)	(1,746)
Purchase of noncontrolling interests	(8,308)	(15,375)
Contributions from noncontrolling interests	3,077	3,335
Distributions to noncontrolling interests	(53,130)	(38,452)
Dividends paid to Parent	<u>(205,089)</u>	<u>(264,999)</u>
Net cash used in financing activities	<u>(71,415)</u>	<u>(6,674)</u>
Net increase in cash and cash equivalents	98,734	14,342
Cash and cash equivalents at beginning of year	<u>60,289</u>	<u>45,947</u>
Cash and cash equivalents at end of year	\$ <u>159,023</u>	<u>60,289</u>

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2015 and 2014

(Dollars in thousands)

	<u>2015</u>	<u>2014</u>
Supplemental cash flow information:		
Cash paid for interest	\$ 69,991	64,626
Cash paid for taxes	25,810	12,240
Supplemental disclosures of noncash investing and financing activities:		
Capital lease financing	\$ 312	—
Equity consideration paid to shareholders for DSI Merger (note 3(a))	645,631	—

See accompanying notes to consolidated financial statements.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

(1) Organization and Significant Accounting Policies

(a) Organization and Business

U.S. Renal Care, Inc. (the Company) was formed in June 2000 and provides dialysis services to patients who suffer from chronic kidney failure, also known as end-stage renal disease (ESRD). ESRD is the stage of advanced kidney impairment that requires continual dialysis treatments, or a kidney transplant, to sustain life. Patients suffering from ESRD generally require dialysis three times per week for the rest of their lives. The Company primarily provides these services through the operation of outpatient kidney dialysis clinics. As of December 31, 2015, the Company operated 288 outpatient dialysis clinics in 32 states; and the Company provided management services to 8 dialysis programs in 3 states. In addition to its outpatient dialysis center operations, as of December 31, 2015, the Company provides acute dialysis services through contractual relationships with hospitals and dialysis to patients in their homes. The Company also has a noncontrolling interest in 7 outpatient dialysis clinics.

Pursuant to an Agreement and Plan of Merger (the 2012 Transaction), Rangers Renal Intermediate, Inc. (the Parent) acquired U.S. Renal Care, Inc. The Parent is, in turn, wholly owned by Rangers Renal Intermediate Holdings, Inc. (Intermediate Holdings), which is wholly owned by Rangers Renal Holdings, LP (Holdings) with the limited partners primarily comprising of affiliates of Leonard Green & Partners, LP (Leonard Green), Frazier Healthcare Partners, LP (Frazier), New Enterprise Associates, LP (NEA), Cressey and Company, LP (Cressey), SV Life Sciences, LP (SVLS) and members of the Company's management and Board of Directors.

(b) Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Company and its wholly owned and majority-owned subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

(c) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities, at the date of the consolidated financial statements, as well as the reported amounts of revenue and expenses during the reporting period.

Although actual results in subsequent periods will differ from these estimates, such estimates are developed based upon the best information available to management and management's best judgments at the time made. The most significant estimates and assumptions involve revenue recognition, provisions for uncollectible accounts, determination of the fair value of assets and liabilities acquired, impairments and valuation adjustments, and accounting for income taxes.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

(d) *Cash and Cash Equivalents*

Cash includes cash and highly liquid investments with a maturity of 90 days or less at date of purchase. Cash and cash equivalents at times may exceed the FDIC limits. The Company believes no significant concentration of credit risk exists with respect to these cash investments.

(e) *Accounts Receivable and Allowance for Doubtful Accounts*

Substantially all of the Company's accounts receivable are related to providing healthcare services to its patients and are due from the Medicare program, state Medicaid programs, managed care health plans, commercial insurance companies, and individual patients. The estimated provision for doubtful accounts is recorded to the extent it is probable that a portion or all of a patient balance will not be collected. The Company considers a number of factors in evaluating the collectibility of accounts receivable, including the age of the accounts, collection patterns, and any ongoing disputes with payors.

(f) *Amounts Due from Third-Party Payors*

The amount due from third-party payors, which is included in other receivables, represents balances owed to the Company by the Medicare program for reimbursable bad debts related to Medicare beneficiaries. These reimbursements are part of the Company's annual cost report filings and as such, the actual payments may be delayed or subsequently adjusted pending review and audit by the Medicare program fiscal intermediaries.

(g) *Amounts Due from Drug Rebates*

The amount due from drug rebates, which is included in other receivables, represents balances owed to the Company by various pharmaceutical vendors. During 2015 and 2014, the Company had incentive contracts that reduced the invoice price based upon volume purchased. This incentive was payable to the Company on a quarterly basis.

(h) *Inventories*

Inventories consist primarily of pharmaceuticals and dialysis-related supplies and are stated at the lower of cost or market. Cost is determined using the first-in, first-out method. Market is determined on the basis of estimated realizable values.

(i) *Property and Equipment*

Property and equipment is carried at cost less accumulated depreciation. Property under capital lease agreements is stated at the present value of minimum lease payments less accumulated depreciation.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

Depreciation is computed using the straight-line method over the estimated useful lives of the assets or the term of the lease as appropriate. The general range of useful lives is as follows:

Buildings	39 years
Leasehold improvements	Life of lease
Furniture and equipment	5 years
Computers	3 years

Capital lease assets are amortized over the shorter of the lease term or the estimated useful life of the asset. Property and equipment acquired in acquisitions is recorded at fair value. The cost of improvements that extend asset lives is capitalized. Other repairs and maintenance charges are expensed as incurred.

Fully depreciated assets are retained in property and depreciation accounts until they are removed from service. When sold or otherwise disposed of, assets and related depreciation are removed from the accounts and the net amounts, less proceeds from disposal, are included in income.

(j) Concentration of Credit Risk

The Company's primary concentration of credit risk exists within accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies, and private patients. Receivables from the Medicare program and various state Medicaid programs were approximately 49% and 54% of gross accounts receivable at December 31, 2015 and 2014. Concentration of credit risk relating to remaining accounts receivable is limited to some extent by the diversity of the number of patients and payors.

(k) Amortizable Intangible Assets

Amortizable intangible assets and liabilities include noncompetition and similar agreements, lease agreements, revolving credit facility deferred debt issuance costs, and certain trade names. Noncompetition and similar agreements are amortized over the terms (three to ten years) of the agreements using the straight-line method. Lease agreement intangibles for favorable and unfavorable leases are amortized on a straight-line basis over the term of the lease.

Deferred debt issuance costs related to the revolving credit facility are amortized as an adjustment to interest expense over the term of the related debt.

(l) Goodwill and Indefinite-Lived Intangible Assets

Goodwill is recorded when the consideration paid for an acquisition exceeds the fair value of net tangible assets and identifiable intangible assets acquired. Goodwill and other indefinite-lived intangible assets are not amortized, but are instead tested for impairment at least annually. The annual evaluation for 2015 and 2014 resulted in no impairment charges.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

(m) *Impairment of Long-Lived and Amortizable Intangible Assets*

The Company evaluates long lived-assets and amortizable intangibles for impairment whenever events or changes in circumstances indicate that an asset's carrying amount may not be recoverable or the useful life has changed. When undiscounted future cash flows are not expected to be sufficient to recover an asset's carrying amount, a loss is recognized, and the asset is written down to its fair value.

(n) *Fair Value of Financial Instruments*

U.S. GAAP describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value. The three levels of inputs are as follows:

- Level 1 – Quoted prices in active markets for identical assets and liabilities
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3 – Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities

At December 31, 2015 and 2014, the carrying amount of the senior secured credit facility was \$2 billion and \$1.2 billion as compared to fair values of \$2 billion and \$1.2 billion, respectively. The Company refinanced its debt on December 31, 2015, which therefore equals fair value. The estimates of the fair value of the Company's senior secured credit facility in the prior year are based upon a discounted present value analysis of future cash flows and are considered to be Level 3 financial measures. Due to the existing uncertainty in the capital and credit markets, the actual rates that would be obtained to borrow under similar conditions could materially differ from the estimates the Company has used.

For the Company's other financial instruments, including the Company's cash and cash equivalents, accounts receivable, accounts payable, and accrued expenses the Company estimates the carrying amounts approximate fair value due to their short-term maturity.

(o) *Net Operating Revenue and Accounts Receivable*

Net operating revenue before provision for doubtful accounts is recognized in the period services are provided. Revenue consists primarily of reimbursements from Medicare and commercial health plans for dialysis services provided to patients. A usual and customary fee schedule is maintained for the Company's dialysis treatment and other patient services. However, actual collected revenue is normally at a discount to this fee schedule. Contractual adjustments represent the differences between amounts billed for services and amounts paid by third-party payors.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

Under the ESRD prospective payment system (PPS), Centers for Medicare and Medicaid Service (CMS) reimburses dialysis facilities with a single payment for each dialysis treatment, inclusive of: (i) all items and services included in the former composite rate; (ii) certain drugs and biologicals that were previously reimbursed separately under Part B of the Medicare program; (iii) most diagnostic laboratory tests; and (iv) certain other items and services furnished to individuals for the treatment of ESRD. The base ESRD PPS payment is subject to case mix adjustments that take into account individual patient characteristics and certain co-morbidities. The base payment is also adjusted for: (i) certain high cost patient outliers; (ii) disparately high costs incurred by low volume facilities relative to other facilities; (iii) provision of home dialysis training; and (iv) wage-related costs in the geographic area in which a dialysis provider is located.

On October 29, 2015, the CMS issued the final rule regarding the ESRD PPS base rate for 2016. Dialysis providers are subject to a 0.2% increase in payments. The base rate per treatment is \$230.39, which represents an approximate reduction of 4%, net, from the 2015 base rate of \$239.43. The 2016 final rule reflects a net market basket increase of 0.15% (2% less a 1.25% PAMA (*Protecting Access to Medicare Act*) reduction and 0.6% productivity adjustment), application of a wage index budget neutrality adjustment factor of 1.000495, and application of a refinement budget-neutrality adjustment factor of 0.960319. However, the approximate 4% reduction is almost completely offset with CMS case mix adjustments based upon CMS's analysis of the fiscal years 2012 and 2013.

Medicare presently pays 80% of the established payment rates for dialysis treatment furnished to patients. The remaining 20% may be paid by Medicaid if the patient is eligible, from private insurance funds, or from the patient's personal funds. If there is no secondary payor to cover the remaining 20%, and if the Company demonstrates prescribed collection efforts, Medicare may reimburse the Company for part of that balance as part of the Company's annual cost report filings subject to individual center Medicare economics. As a result, billing and collection of Medicare bad debt claims are often delayed significantly, and final payments are subject to audit.

The ESRD PPS's quality incentive program (QIP), affects Medicare payments based on performance of each facility on a set of quality measures. Dialysis facilities that fail to achieve the established quality standards have payments for a particular year reduced by up to 2 percent, based on a prior year's performance. CMS updates the set of quality measures each year, adding, revising, or retiring measures.

Medicaid programs are administered by state governments and are partially funded by the federal government. In addition to providing primary coverage for patients whose income and assets fall below state defined levels and are otherwise insured, Medicaid serves as a supplemental insurance program for the coinsurance portion not paid by Medicare. Medicaid reimbursement varies by state but is typically reimbursed pursuant to a prospective payment system for dialysis services rendered.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

The *Budget Control Act of 2011*, enacted August 2, 2011, requires, among other things, mandatory reductions in federal spending, also known as “sequestration.” Based on that legislation and absent further legislation or regulation, Medicare claims for dates of service on or after April 1, 2013, have been, and will continue to be, reduced by 2%. The claims payment adjustment is applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.

On November 9, 2012, CMS finalized a rule affecting ESRD Medicare bad debt beginning in 2012, as required by the *Middle Class Tax Extension and Job Creation Act of 2012*. Medicare bad debt for ESRD facilities was reduced from 100% of allowable Medicare bad debt in Fiscal Year (FY) 2012 to 88% in FY 2013, 76% in FY 2014, and 65% in FY 2015 and subsequent years. (United States fiscal years run from October 1 through September 30.) Beginning with the portion of cost reporting periods beginning on or after January 1, 2013, however, the Agency lifted the prior limit on ESRD facility bad debt payments that capped bad debt recovery by the facility’s reasonable costs.

On April 1, 2014, the President signed P.L. 113-93, the *Protecting Access to Medicare Act* (PAMA), which included several provisions concerning dialysis reimbursement. PAMA: (a) Delays inclusion of oral drugs in the bundle from 2016 until 2024; (b) mitigates the effects of previously promulgated rate reductions by eliminating them after 2015, and substitutes a payment policy in which the market basket adjustments (less productivity adjustments) that would ordinarily be applied to dialysis payments will be reduced by 1.25% in 2016 and 2017, and by 1% in 2018; (c) requires CMS in 2016 to establish a process, through promulgation of annual payment rules, for determining when a product is no longer an oral-only drug, and for including new injectable and intravenous products into the bundled payment; (d) establishes quality measures related to conditions treated by oral-only drugs; and (e) beginning with cost reports for 2012, requires audits of cost reports as required by the Medicare Payment Advisory Commission.

In the October 29, 2015 final rule mentioned above, which updated payment policies and rates under the ESRD PPS for renal dialysis services furnished on or after January 1, 2016, CMS also clarified that once a nonoral version of a previously oral-only drug, such as phosphate binders and calcimimetics, is approved by the Food and Drug Administration (FDA), such drug will cease to be considered oral-only. At such time, CMS will include both the oral and any nonoral version of the drug in the ESRD PPS, subject to a phase-in period: for at least two years after FDA approval, CMS will pay for both oral and nonoral versions of the drug using a transition drug add-on payment adjustment. During this period, CMS will collect data reflecting utilization of both the oral and injectable or intravenous forms of the drugs, as well as payment patterns, in order to determine the appropriate payment rate to be included in the ESRD PPS for these drugs. At the end of this transition period, CMS will add payment for the oral and nonoral versions of the drug into the ESRD PPS through public rulemaking process similar to that used to set annual ESRD PPS rates.

In addition to the statutes described above, which directly addressed rates or the particular items and services described in dialysis providers’ PPS reimbursement, the *Patient Protection and Affordable Care Act*, as amended by the *Health Care and Education Reconciliation Act of 2010* (also known as the Affordable Care Act, or ACA) mandates broad healthcare system reforms. Among these reforms,

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

the ACA requires: (i) provisions to facilitate access to affordable health insurance for all Americans; (ii) expansion of the Medicaid program; (iii) commercial insurance market reforms that protect consumers, such as bans on lifetime and annual limits, coverage of pre-existing conditions, and limits on waiting periods; (iv) provisions encouraging integrated care, efficiency and coordination among providers; and (v) provisions for reduction of healthcare program waste and fraud. These provisions have been and continue to be implemented through federal and state regulations which have the potential to affect the Company's business. Moreover, private organizations such as health plans continue to make changes in their business practices as a result of the ACA, and these changes have the potential to affect the Company's business.

Revenue associated with commercial health plans is estimated based upon patient-specific contractual terms between the Company and health plans for the patients with which the Company has formal agreements, upon commercial health plan coverage terms if known, or otherwise upon historical collection experience adjusted for refund and payment adjustment trends. Commercial revenue recognition involves substantial judgment. With several commercial insurers, the Company has multiple contracts with varying payment arrangements, and these contracts may include only a subset of the Company's dialysis centers. In addition, for services provided by noncontracted centers, final collection may require specific negotiation of a payment amount. Generally, payments for a dialysis treatment from commercial payors are greater than the corresponding amounts received from Medicare and Medicaid.

(p) *Share-Based Compensation*

The Company recognizes and accounts for stock-based compensation in accordance with the fair value recognition of Accounting Standards Codification (ASC) Topic 718, *Stock Compensation*. In conjunction with the 2012 Transaction, the Parent issued Class B Incentive Units to certain members of Company management as incentive compensation.

The Company did not grant any additional Class B Incentive Units during the years ended December 31, 2015 and 2014.

The fair value of each Incentive Unit grant is estimated on the date of grant and is determined from a valuation that used the Monte Carlo Simulation model. The Company currently estimates forfeitures based on the length of service of the employees to the Company and historical termination rates of the employee groups who have been granted Incentive Units.

(q) *Noncontrolling Interest*

Noncontrolling interest is required to be included in the equity section of the balance sheet and disclosed on the face of the consolidated statement of operations for the amounts of consolidated net income attributable to the consolidated parent and the noncontrolling interest.

Consolidated income (loss) is reduced (increased) by the proportionate amount of income or loss accruing to noncontrolling interests. Noncontrolling interest represents the equity interest of third-party owners in consolidated entities that are not wholly owned.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

(r) *Investments in Unconsolidated Affiliates*

The Company has a noncontrolling investment in seven dialysis businesses, all of which are accounted for under the equity method of accounting. The investments in unconsolidated businesses were approximately \$18 million and \$21 million at December 31, 2015 and 2014, respectively.

On December 31, 2015, the Company sold its 20% interest in two noncontrolling investments for \$0.6 million and recognized a loss on the sale of \$1.8 million.

(s) *Income Taxes*

Income taxes are accounted for under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to the differences between the financial statement carrying amount of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is established when it is more likely than not that the deferred tax assets will not be realized.

The Company recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting the more-likely than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement with the relevant tax authority. There were no unrecognized tax benefits as of December 31, 2015 and 2014.

The Company is subject to income taxes in the U.S. federal jurisdiction and various states. Tax regulations within each jurisdiction are subject to the interpretation of the related tax laws and regulations and require significant judgment to apply. The Company is no longer subject to U.S. federal, state, or local income tax examinations by tax authorities for the years before 2012. In 2014, the IRS commenced its examination of the Company's 2011 U.S. Corporation Income Tax Return, which resulted in no additional tax payment. In 2014, the IRS commenced its examination of the 2011 U.S. Return of Partnership Income for the Company's subsidiary USRC of SE Arkansas, LLC and has agreed to a proposed income adjustment of \$0.3 million related to dividend income. In 2015, a payment was made by the Company to settle the audit adjustment and the audit is now closed. In January 2015, the IRS commenced its examination of the 2012 U.S. Return of Partnership Income of the Company's subsidiary Renal Centers of Guam, LLC and the examination resulted in no changes.

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In August 2015, the New York State Department of Taxation and Finance commenced its examination of the Company's 2011–2014 New York State income tax returns along with Rangers Renal Intermediate Holdings, Inc., and the Company's subsidiaries USRC Cheektowaga, Inc., USRC Tonawanda, Inc. and USRC Williamsville, Inc. In October 2015, the IRS commenced its examination of the 2013 U.S. Corporation Income Tax Return of Rangers Renal Intermediate Holdings, Inc. In January 2016, the California Franchise Tax Board commenced its examination of the 2012 and 2013 California LLC tax returns for the Company's subsidiary, Pacific South Bay Dialysis, LLC. All examinations are still ongoing.

The Company recognizes interest accrued related to unrecognized tax benefits in interest expense and penalties in operating expenses for all periods presented.

The Company's consolidated LLC and L.P. subsidiaries do not incur federal income taxes. Instead, their earnings and losses are included in the returns of, and taxed directly to, the members and partners of these subsidiaries.

(t) **Recently Issued Accounting Pronouncements**

The Company elected to early adopt Accounting Standards Update (ASU) No. 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Cost*, retrospectively effective as of January 1, 2014. The amendments in this ASU require that debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. In August 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-15, *Interest – Imputation of Interest (Subtopic 835-30) – Presentation and Subsequent Measurement of Debt Issuance Costs Associated with Line-of-Credit Arrangements*, which clarifies that the treatment of debt issuance costs related to a line-of-credit may continue to be deferred in an asset position and subsequently amortized over the term of the line-of-credit arrangement, regardless of whether there are any outstanding borrowings on the line-of-credit arrangement. The recognition and measurement guidance for debt issuance costs are not affected by the amendments in this ASU. The Company recorded \$71 million and \$23 million of debt issuance costs as deductions from the carrying value of the debt liability in the accompanying consolidated balance sheets as of December 31, 2015 and 2014, respectively. The Company recorded \$1 million and \$2 million as intangible assets related to debt issuance costs associated with a line-of-credit in the accompanying consolidated balance sheets as of December 31, 2015 and 2014, respectively.

The Company elected to early adopt ASU No. 2015-17, *Income Taxes (ASC 740): Balance Sheet Classification of Deferred Taxes*, retrospectively effective as of January 1, 2014. The amendments in this ASU serve to simplify the presentation of deferred income taxes. The update requires that deferred tax assets and liabilities be classified as noncurrent in a classified statement of financial position. As a result, the Company reclassified \$3.8 million of net deferred tax assets as noncurrent in the accompanying consolidated balance sheet as of December 31, 2014.

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In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. The amendments in this ASU revise the accounting related to lessee accounting. Under the new guidance, lessees will be required to recognize a lease liability and a right-of-use asset for all leases. The new lease guidance also simplified the accounting for sale and leaseback transactions primarily because lessees must recognize lease assets and lease liabilities. The amendments in this ASU are effective for the Company beginning on January 1, 2020 and should be applied through a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. Early adoption is permitted. The Company has not yet determined what the effects of adopting this ASU will be on the consolidated financial statements.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers*, which requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The ASU will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective. The new standard was to be effective for the Company on January 1, 2018. In July 2015, the FASB issued ASU 2015-14, *Revenue from Contracts with Customers (Topic 606): Deferral of Effective Date*. This guidance approves a one-year deferral of the effective date of ASU 2014-09. The final ASU now requires the Company to adopt this standard on January 1, 2019. Early application is permitted as of the initial effective date of January 1, 2018, but not prior to that date. The standard permits the use of either the retrospective or cumulative effect transition method. The Company has not yet selected a transition method nor determined the effect of the standard on our ongoing financial reporting.

(u) *Reclassifications*

Certain reclassifications have been made to the 2014 consolidated financial statement balances to conform with the 2015 presentation. Such reclassifications have no effect on earnings or stockholders' equity.

(2) **Fixed Assets**

At December 31, 2015 and 2014, property and equipment consists of the following:

	2015	2014
Facility equipment, furniture, and information systems	\$ 132,722	75,700
Land and buildings	3,443	2,490
Leasehold improvements	142,140	82,254
New center construction in progress	15,361	2,727
	293,666	163,171
Less accumulated depreciation and amortization	(69,305)	(43,302)
	<u>\$ 224,361</u>	<u>119,869</u>

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	<u>2015</u>	<u>2014</u>
Depreciation and amortization expense on property and equipment	\$ 27,681	22,186

Net book value of equipment under capital leases at December 31, 2015 and 2014 was as follows:

	<u>2015</u>	<u>2014</u>
Equipment	\$ 12,098	11,107
Less accumulated depreciation	(5,866)	(4,764)
	<u>\$ 6,232</u>	<u>6,343</u>

(3) Acquisitions and Dispositions

(a) *Dialysis Holdco, LLC*

On August 21, 2015, Holdings entered into a Contribution Agreement (the DSI Merger) with Dialysis Parent, LLC (Dialysis Parent). Dialysis Parent was the legal and beneficial owner of all of the issued and outstanding membership interests of Dialysis HoldCo, LLC whose sole operating subsidiary was Dialysis Newco, Inc. doing business as DSI Renal (DSI).

DSI owned and operated 103 dialysis facilities providing care to end-stage renal disease patients.

The DSI Merger was completed on December 31, 2015, whereby Dialysis Parent contributed and Holdings acquired all of the outstanding membership interests of DSI in exchange for equity in Holdings valued at \$645.6 million.

In connection with the DSI Merger, the Company repaid in full all long-term debt previously held by DSI (note 6(a)).

The DSI Merger was accounted for under the acquisition method of accounting prescribed in ASC 805. The purchase price was allocated to the assets, liabilities, and noncontrolling interests based on the estimated fair values on the date of acquisition, with the remainder allocated to goodwill. Goodwill in the amount of \$969.6 million was recognized in 2015 for the DSI Merger. The purchase price allocation is preliminary pending final review of the third-party valuation report and certain estimates primarily related to accounts receivable and income taxes.

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A summary of the estimated fair values of the assets and liabilities assumed in the DSI Merger are as follows:

Estimated fair value of net tangible assets acquired:

Cash	\$	73,043
Patient receivables		56,308
Assets held for sale		6,551
Other current assets		19,116
Property and equipment		94,514
Other assets		632
Current liabilities		(42,658)
Long-term debt		(512,709)
Deferred tax liability		(53,730)
Other long-term liabilities		(5,628)
Noncontrolling interests		(71,665)
Net tangible assets acquired		(436,226)
Intangible assets acquired		112,286
Goodwill		969,571
	\$	<u>645,631</u>

(b) *Alaska*

On September 15, 2014, the Company acquired a 58.5% interest in two joint ventures providing outpatient dialysis services in Alaska: Liberty Dialysis-Alaska, LLC (Liberty) and AD Partners II, LLC (AD Partners) for \$72.1 million, subject to adjustments for working capital. Both Liberty and AD Partners each wholly own one clinic. Additionally, AD Partners owns a noncontrolling interest in four clinics. The acquisition was funded by additional long-term debt borrowings. The results of operations for these entities are included in the Company's financial statements beginning September 15, 2014.

The acquisition of Alaska was accounted for under the acquisition method of accounting prescribed in ASC 805. The purchase price was allocated to the assets, liabilities, and noncontrolling interests based on the estimated fair values on the date of acquisition, with the remainder allocated to goodwill. Goodwill in the amount of \$93.5 million was recognized in 2014 for the acquisition. Approximately \$63.1 million of the goodwill recorded as a result of the acquisition is deductible for tax purposes. The Company's allocation of the purchase price is complete.

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A summary of the estimated fair values of the assets and liabilities assumed in the acquisition are as follows (in thousands):

Estimated fair value of net tangible assets acquired:

Cash	\$	2,334
Patient receivables		6,327
Other current assets		246
Property and equipment		4,677
Other assets		10,577
Current liabilities		(2,788)
Long-term debt		(910)
Other long-term liabilities		(423)
Noncontrolling interests		(46,667)
Net tangible assets acquired		(26,627)
Intangible assets acquired		5,240
Goodwill		93,492
	\$	<u>72,105</u>

(c) ***Innovative Health Services (IHS)***

The Company entered into a Contribution and Asset Purchase Agreement (the IHS Agreement), dated November 12, 2014, with IHS of Georgia, LLC, IHS of Massachusetts, LLC, and IHS of New York, Inc. (collectively, the IHS entities), which are wholly owned subsidiaries of IHS Dialysis, Inc. The IHS entities are engaged in the business of providing hemodialysis, peritoneal dialysis, and related services through the operation of four freestanding dialysis centers in Massachusetts and New York. The closing date of the IHS Agreement is dependent upon the state of New York and Massachusetts approving the Certificate of Need. Upon the closing date of the IHS Agreement, the Company will purchase 70% of the interest in the IHS entities for approximately \$16.8 million, subject to adjustments for working capital. Approximately, \$15.9 million of the purchase price is currently held in escrow and included in other receivables in the accompanying consolidated balance sheet as of December 31, 2015.

On December 1, 2014, the Company entered into management agreements with each of the IHS entities. Management fees earned by the Company of \$1.5 million and \$0.1 million are included in net operating revenue in the accompanying consolidated statement of operations for the years ended December 31, 2015 and 2014, respectively.

On April 6, 2015, an amendment to the IHS Agreement was entered into by the Company and the IHS entities, in which it was agreed that the assets and liabilities of IHS of Georgia, LLC would not be included in the asset purchase.

The IHS Agreement closed on April 13, 2016 (note 14).

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(4) Noncontrolling Interests

The Company engages in the purchase and sale of equity interests with respect to its consolidated subsidiaries that do not result in a change of control. These transactions are accounted for as equity transactions, as they are undertaken among the Company, its consolidated subsidiaries, and noncontrolling interests, and their cash flow effect is classified within financing activities.

As of December 31, 2015, the Company was the majority owner in 188 joint ventures. Of the noncontrolling interests in those 188 joint ventures, 75 have put rights generally at fair value as defined in the agreement that are either currently exercisable or become exercisable at various future dates. The Company also has a noncontrolling interest in 3 joint ventures with put rights held by the majority owners. The carrying amount of these redeemable noncontrolling interests totaled \$80.0 million and \$152.9 million as compared to redemption values of \$184.6 million and \$255.9 million at December 31, 2015 and 2014, respectively. The redemption value is calculated at the current value of the put payment that would be required to redeem the interest if the put is exercised regardless of whether such interest is currently exercisable. As of December 31, 2015, \$115.7 million of put rights are currently exercisable and the remaining \$68.9 million generally become exercisable over the next three to five years.

(5) Intangible Assets

At December 31, 2015 and 2014, amortizable intangible assets consisted of the following:

	<u>2015</u>	<u>2014</u>
Noncompetition agreements	\$ 180,604	74,905
Lease agreements	3,236	1,117
Deferred debt issuance costs	1,015	2,043
Trade name	<u>2,881</u>	<u>1,582</u>
	187,736	79,647
Less accumulated amortization	<u>(55,778)</u>	<u>(42,960)</u>
Net amortizable intangible assets	\$ <u>131,958</u>	<u>36,687</u>

Amortizable intangible liabilities, which are included in other long-term liabilities, consisted of lease agreements as follows:

	<u>2015</u>	<u>2014</u>
Lease agreements	\$ 6,473	3,753
Less accumulated amortization	<u>(2,246)</u>	<u>(1,569)</u>
Net amortizable intangible liabilities	\$ <u>4,227</u>	<u>2,184</u>

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Amortization of intangible assets and liabilities over the next five years is as follows:

	Noncompetition agreements	Deferred debt issuance costs	Lease agreements, net	Trade name
2016	\$ 34,978	203	682	576
2017	31,937	203	393	486
2018	26,897	203	231	351
2019	25,940	203	105	260
2020	2,792	203	42	260

The fair value of the identifiable intangibles acquired and the amount of goodwill recorded as a result of acquisitions are determined based upon independent third-party valuations and the Company's estimates. Amortization expense for the Company's intangible assets relates to the value associated with the noncompete agreements, lease agreements, and acquired trade names. The noncompete intangible assets are amortized over the term of the noncompete agreements executed in connection with the acquisition transactions or the medical agreements entered into with certain physicians and the lease agreement intangibles are amortized over the term of the lease. The acquired trade names are amortized over their estimated remaining useful life of five years. Other intangibles of \$15 million consist of the U.S. Renal Care, Inc. trade name valued at \$7.4 million and Medicare licenses valued at \$7.6 million, both of which have indefinite lives.

Changes in the value of goodwill were as follows:

	2015	2014
Balance at January 1	\$ 1,264,143	1,174,683
DSI Merger	969,571	—
The Alaska transaction	—	93,492
Other acquisitions	192	396
Other adjustments	—	(4,428)
Balance at December 31	<u>\$ 2,233,906</u>	<u>1,264,143</u>

The Company paid \$0.2 million and \$0.4 million for other facility acquisitions resulting in \$0.2 million and \$0.4 million and of goodwill recorded as a result of the acquisitions in 2015 and 2014, respectively.

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(6) Long-Term Debt

At December 31, 2015 and 2014, long-term debt and capital lease obligations consisted of the following:

Senior secured credit facility:		
Term Loan 1	\$ 1,750,000	926,355
Term Loan 2	265,000	120,000
Incremental term loan	—	185,000
Other notes payable	3,699	—
Capital lease obligations	6,499	7,086
Total debt principal outstanding	2,025,198	1,238,441
Discount and deferred financing costs	(71,041)	(23,433)
Less current portion	(18,945)	(11,221)
	\$ 1,935,212	1,203,787

(a) Term Loans

On December 31, 2015, in connection with the DSI Merger (note 3(a)), the Company entered into a new \$1.9 billion senior secured term loan, consisting of: (a) a \$1.75 billion first lien Term Loan (Term Loan 1) and (b) a \$150 million first lien Revolving Loan (Revolver). Also on December 31, 2015, the Company entered into a \$265 million senior secured second lien term loan (Term Loan 2). The proceeds obtained under Term Loan 1 and Term Loan 2 were utilized to (a) fund the repayment in full of all prior long-term debt obligations (note 6(e)), (b) pay the original issue discounts and upfront fees associated with Term Loans 1 and 2, (c) fund the repayment in full of all long-term debt previously held by DSI in the amount of \$521 million and a prepayment penalty in the amount of \$1.6 million, and (d) pay transaction expenses related to the DSI Merger.

Term Loan 1 requires quarterly amortization payments of \$4.4 million in each year from 2016 through 2022 with the balance of \$1.6 billion due at maturity on December 31, 2022. Term Loan 2 requires a one-time payment of \$265 million at maturity on December 31, 2023. At December 31, 2015, there were \$146.7 million of commitments unused and available under the Revolver due to Letters of Credit in the amount of \$3.3 million issued in relation to the Company's workers' compensation coverage. The Revolver matures on December 31, 2020.

Borrowings under Term Loan 1 bear interest based upon the Intercontinental Exchange London Interbank Offered Rate (ICE LIBOR), with a floor of 1% plus an applicable rate of 4.25%. The Revolver also provides for an annual unused commitment fee of 0.50% based upon the average revolving credit commitment less outstanding borrowings on the Revolver and letters of credit, as adjusted based upon the Company's leverage ratio. As of December 31, 2015, borrowings under Term Loan 1 and the Revolver bore interest at 5.25% and 3.25%, respectively.

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Borrowings under Term Loan 2 bore interest based upon the ICE LIBOR with a floor of 1% plus an applicable rate of 8%. As of December 31, 2015, borrowings under Term Loan 2 bore interest at 9%.

In connection with Term Loans 1 and 2, the Company paid original issue discounts of \$22.8 million and incurred \$48.2 million of debt issuance costs. These amounts are recognized as direct deductions from long-term debt and are being amortized into interest expense. The Company incurred \$1 million of debt issuance costs related to the Revolver, which are currently recognized as an intangible asset and amortized into interest expense.

(b) Prepayments

Commencing with the fiscal year ending December 31, 2016, the Company is required to prepay its outstanding Term Loan 1 with 50% of excess cash flow in excess of \$15 million as defined in the credit agreement, as adjusted based on the Company's leverage ratio. The Company is also required to prepay Term Loan 1 with: (a) 100% of the proceeds of certain asset sales or the proceeds received from casualty event settlements that are not reinvested or permitted pursuant to the terms of the credit agreement, and (b) 100% of the proceeds of indebtedness that is incurred and not permitted pursuant to the credit agreement. Following satisfaction of any prepayment of Term Loan 1 or if the lenders of Term Loan 1 decline prepayments, the Company is required to prepay Term Loan 2 balance with 100% of the proceeds of asset sales or the proceeds received from a casualty event settlement that are not reinvested or permitted pursuant to the terms of the credit agreement.

At December 31, 2015, the Company had no prepayments required under these provisions.

(c) Guarantors

Term Loan 1, Term Loan 2, and the Revolver are guaranteed, on a joint and several basis, by each of the Company's subsidiaries, subject to certain exceptions. Borrowings under the credit agreements are secured by substantially all of the Company's and its subsidiaries' assets, including accounts receivable, inventory, and fixed assets not subject to permitted capital leases. The lien-securing Term Loan 2 is junior and subordinated to the lien securing Term Loan 1 and the Revolver. The Term Loan 1 and Term Loan 2 credit agreements include various events of default and contain certain restrictions on the operations of the business, including restrictions on certain cash payments, including capital expenditures, investments, and the payment of dividends. These loan agreements also include customary covenants and events of defaults. The Revolver also includes a covenant pertaining to total debt leverage, which is only in effect if the Company has more than \$25 million outstanding pursuant to the Revolver.

The Company believes it is in compliance with all covenants under Term Loans 1 and 2 and has met all debt payment obligations as of December 31, 2015.

(d) Long-Term Debt Extinguished

On December 31, 2015, the Company repaid in full, all outstanding principal and interest amounts on the then outstanding long-term debt obligations of the Company with the proceeds from Term Loan 1 and Term Loan 2 as discussed in note 6(a).

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The principal amounts repaid and associated prepayment penalty and unamortized debt issuance costs written off were as follows:

	<u>Outstanding principal</u>	<u>Prepayment penalty</u>	<u>Write-off of unamortized debt issuance costs</u>	<u>Interest rate</u>
Term Loan 1	\$ 919,319	—	8,651	5.75%
Term Loan 2	120,000	—	3,392	11.50
Incremental term loan	185,000	1,850	6,145	10.00
Revolver	—	—	1,057	4.50
Total	<u>\$ 1,224,319</u>	<u>1,850</u>	<u>19,245</u>	

The prepayment penalty and write-off of unamortized debt issuance costs were recognized as losses on early retirement of debt.

On August 12, 2013, the Company received a \$165 million capital contribution from Parent. The capital contribution came from the net proceeds of a third-party loan (Holdco Loan) entered into by Intermediate Holdings, the holder of 100% of Parent's equity interests. In 2015 and 2014, the Company paid dividends of approximately \$23 million and \$10 million, respectively, to Parent (and Parent thereafter paid a dividend of approximately \$23 million and \$10 million, respectively, to Intermediate Holdings). The proceeds of this dividend were used by Intermediate Holdings to pay interest on the Holdco Loan. On December 31, 2015, the Company paid a dividend in the amount of approximately \$182 million to Parent (and Parent thereafter paid a dividend of approximately \$182 million to Intermediate Holdings) to repay in full all principal amounts outstanding under the Holdco Loan and a prepayment penalty of \$1.8 million.

(e) Other Notes Payable

At December 31, 2015, the Company's joint ventures held \$3.7 million of notes payable with third party banks.

The Company had one promissory note obligation owed to a noncontrolling interest holder in one of its subsidiaries. The note obligation was in an original amount of \$5 million and bore interest at 3.25%. The principal balance of \$5 million and all accrued interest of \$0.1 million were repaid in full on June 30, 2014.

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Scheduled maturities of long-term debt and capital lease obligations at December 31, 2015 were as follows:

	<u>Long-term debt</u>	<u>Capital lease obligations</u>	<u>Notes payable</u>
2016	\$ 17,500	1,774	963
2017	17,500	1,536	983
2018	17,500	1,228	874
2019	17,500	987	596
2020	17,500	799	283
Thereafter	1,927,500	1,256	—
	<u>\$ 2,015,000</u>	<u>7,580</u>	<u>3,699</u>
Less interest portion at 5.040%–8.561%		<u>(1,081)</u>	
Total		<u>\$ 6,499</u>	

(7) **Income Taxes**

Income tax expense (benefit) consisted of the following:

	<u>2015</u>	<u>2014</u>
Current:		
Federal	\$ 5,249	12,590
State	(384)	8,074
Deferred:		
Federal	12,987	11,163
State	7,387	(1,055)
	<u>\$ 25,239</u>	<u>30,772</u>

The difference between the expected tax expense based on the federal statutory rate of 35% is primarily state income taxes, income attributable to noncontrolling interest, and an increase in the valuation allowance for deferred tax assets related to a foreign tax credit.

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Deferred tax assets and liabilities arising from temporary differences were as follows:

	<u>2015</u>	<u>2014</u>
Deferred tax assets:		
Accrued expenses and other liabilities for financial accounting purposes not currently deductible	\$ 8,087	9,877
Net operating loss carryforwards and contribution limitation	8,514	7,063
Alternative minimum and foreign tax credits	7,057	3,220
Flow through entities	—	670
Capital gain	16,076	18,819
Other	387	55
Total deferred tax assets	<u>40,121</u>	<u>39,704</u>
Valuation allowance	<u>(14,291)</u>	<u>(20,262)</u>
Total deferred tax assets, net	<u>25,830</u>	<u>19,442</u>
Deferred tax liabilities:		
Property and equipment and intangibles, principally due to differences in depreciation and amortization	(91,786)	(19,067)
Flow through entities	(14,342)	—
Goodwill	—	(10,944)
Purchase accounting valuation adjustments	(5,354)	(4,826)
Other	(7,117)	(3,070)
Total deferred tax liabilities	<u>(118,599)</u>	<u>(37,907)</u>
Net deferred tax assets (liabilities)	\$ <u>(92,769)</u>	<u>(18,465)</u>

The Company recorded a valuation allowance of \$14.3 million on deferred tax assets related to capital losses and a foreign tax credit at December 31, 2015 as the Company does not believe it is more likely than not that this deferred tax asset will be realized.

(8) Equity

(a) Partner's Equity

The sole shareholder of the Company is the Parent that holds 100 shares of \$0.01 par value common stock in the Company. The Parent is a wholly owned subsidiary of Intermediate Holdings, which in turn is a wholly owned subsidiary of Holdings.

Prior to December 31, 2015, Holdings equity included Class A Units and Holdings could grant incentive units as compensation to employees of the Company. Incentive unit meant any award of Class B-1, Class B-2, Class B-3, or Class B-4 Units in Holdings granted to an eligible person under the 2012 Incentive Plan (note 8(b)).

The Company did not grant any additional Class B Incentive Units during the years ended December 31, 2015 and 2014.

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On December 31, 2015, in connection with the DSI Merger, Holdings issued the Second Amended and Restated Limited Partnership Agreement of Rangers Renal Holdings LP (the Second Amended Agreement). Among other things, the Second Amended Agreement converted all outstanding Class B-1, Class B-2, Class B-3, and Class B-4 Units (Cancelled Class B Units) immediately prior to the effective date of the DSI Merger, to Class A Units (Converted Class A Units) at a value equivalent to the then outstanding Class A Units. The Converted Class A Units will continue to vest 20% annually from the original issue date of the Cancelled Class B Units, over a five-year period. No additional stock compensation expense was recorded as a result of the conversion.

Conversion rates of the Cancelled Class B Units to Converted Class A Units were as follows:

	Conversion rate
Class B-1	1.000000000
Class B-2	0.948400746
Class B-3	0.814460622
Class B-4	0.680530221

Distributions to Holdings shareholders in the form of cash or other assets shall be distributed in the following order and priority:

First, to each holder of Class A Units outstanding, in proportion to the number of such Class A Units held by each holder, until an aggregate amount equal to \$1.5 billion (the benchmark amount), has been distributed.

Thereafter, to each holder of Class A Units and Class C Units (note 8(b)) in proportion to the number of Class A Units and/or Class C Units held by each holder.

The weighted average fair value of unvested Incentive Units was \$385.16 and \$378.24 for the years ended December 31, 2015 and 2014, respectively.

Compensation expense related to the Incentive Units is being recorded on a straight-line basis over the vesting period and is considered contributed capital from the Parent.

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Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

The following table summarizes the Incentive Unit transactions from years ended December 31, 2015 and 2014, including the Incentive Units that have vested:

	Converted Class A	Class B-1	Class B-2	Class B-3	Class B-4	Total
Unvested at December 31, 2013	—	12,980.102	3,708.597	5,562.900	3,708.597	25,960.196
Granted	—	—	—	—	—	—
Vested	—	(3,162.895)	(903.683)	(1,355.526)	(903.683)	(6,325.787)
Forfeited	—	—	—	—	—	—
Unvested at December 31, 2014	—	9,817.207	2,804.914	4,207.374	2,804.914	19,634.409
Granted	—	—	—	—	—	—
Vested	—	(3,162.895)	(903.683)	(1,355.526)	(903.683)	(6,325.787)
Forfeited	—	—	—	—	—	—
Class B conversion	12,074.001	(6,654.312)	(1,901.231)	(2,851.848)	(1,901.231)	(1,234.621)
Unvested at December 31, 2015	<u>12,074.001</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>12,074.001</u>

The total fair value of outstanding (either vested or unvested) Incentive Units as of December 31, 2015 is approximately \$9 million and is equal to the total compensation expense recorded or to be recorded over the vesting period on the Incentive Units. The Company uses the straight-line method to recognize compensation expense over the vesting term of the Incentive Units. The total fair value of Incentive Units vesting and recognized as stock-based compensation expense within general and administrative expenses in the accompanying consolidated statement of operations was \$1.8 million for the years ended December 31, 2015 and 2014.

The remaining unrecognized stock-based compensation expense for Incentive Unit awards granted as of December 31, 2015 was approximately \$3.1 million, and the weighted average period of time over which this cost will be recognized is approximately 1.62 years.

(b) 2016 Incentive Equity Plan

On January 29, 2016, Holdings issued the 2016 Rangers Renal Holdings Incentive Equity Plan (2016 Incentive Plan). Under the 2016 Incentive Plan, incentive units (Incentive Units) may be granted by Holdings as compensation to employees of the Company and its subsidiaries or others as the Board of Directors of Holdings may determine. The 2016 Incentive Plan is subject to the LP Agreement of Holdings, with applicable terms and provisions of the LP Agreement governing. The 2016 Incentive Plan shall terminate as to future awards ten years after the effective date, or January 29, 2026.

Incentive unit means any award of Class C Units of Holdings granted to an eligible person under the 2016 Incentive Plan. Incentive Units are granted as compensation with the intention to promote the interests of the Company by providing eligible persons with the opportunity to acquire interest, or otherwise increase their interest, in Holdings as an incentive for them to start employment with or continue in such employment or service to the Company. Recipients do not have to pay for the Incentive Units. All Incentive Units vest 20% annually from the date of grant, over a five-year period, and are initially unvested at the date of grant.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

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There is no exercise option or price for the recipient and ultimate vesting is based on the holder's employment with the Company or service capacity to the Company. All Incentive Units unvested and outstanding at the time of a change in control, as defined in the LP Agreement of Holdings, shall automatically become vested Incentive Units. Forfeited or canceled Incentive Units (Forfeited Unit) become eligible for reissuance by Holdings and upon reissuance shall no longer constitute a Forfeited Unit. A total of 29,379.6031 Incentive Units were reserved for grant under the 2016 Incentive Plan.

(9) Shareholder Dividend

On March 28, 2014, the board of directors of the General Partner authorized the payment of a dividend (2014 Dividend) by the Company in the amount of \$255 million to the Parent, which then paid a dividend in the amount of \$255 million to Intermediate Holdings, which then paid a dividend in the amount of \$250 million to Holdings. Intermediate Holdings then paid \$5 million for certain fees payable in connection with borrowings under the Holdco Loan (note 6(d)). Holdings then distributed \$250 million in cash to the Holdings' shareholders.

(10) Related-Party Transactions

Participation in the Medicare ESRD program requires that treatment at a dialysis center be under the general supervision of a director who is a physician. The Company has engaged physicians or groups of physicians to serve as medical directors for each of its centers. The Company has contracts with approximately 330 individual physicians and physician groups to provide medical director services. The compensation of medical directors is negotiated individually and depends in general on local factors such as competition, the professional qualifications of the physician, their experience, their tasks, and the workload at the clinic.

An ESRD patient generally seeks treatment at a dialysis center near his or her home and at which his or her treating nephrologist has practice privileges. Additionally, many physicians prefer to have their patients treated at dialysis centers where they or other members of their practice supervise the overall care provided as medical directors to the centers. As a result, and as is typical in the dialysis industry, the primary referral source for most of the Company's centers is often the physician or physician group providing medical director services to the center.

The Company's medical director agreements generally include covenants not to compete. Also, when the Company acquires a center from one or more physicians, or where one or more physicians owns interests in centers as coowners with the Company, these physicians have agreed to refrain from owning interests in competing centers within a defined geographic area for various time periods. These agreements not to compete restrict the physicians from owning or providing medical director services to other dialysis centers. Most of these agreements not to compete continue for a period of time beyond expiration of the corresponding medical director agreements.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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(Dollars in thousands, except share information)

The Company leases space for 57 of its centers in which physicians or employees hold ownership interests, and subleases space to referring physicians at 38 centers. Future minimum lease payments payable under these leases is approximately \$70 million at December 31, 2015, exclusive of maintenance and other costs, and is subject to escalation. Total lease payments under these leases were approximately \$6 million and \$4.9 million for years ended December 31, 2015 and 2014, respectively. On June 21, 2010, the Company entered into a 10-year corporate office lease agreement with an entity owned by two of its employees. The lease commenced on August 1, 2011. The future lease payments payable under this lease are \$2 million. Total lease payments under this lease were \$0.2 million for the years ended December 31, 2015 and 2014.

The Company's York, Pennsylvania dialysis center is leased from a limited liability partnership in which the Company has a 60% ownership interest with the remaining 40% owned by two doctors one of whom serves as the medical director for that facility. These doctors are also affiliated with the entity that owns a 40% minority ownership in the subsidiary that operates the facility.

The Company's Rosemead, California dialysis center is leased from a limited liability company in which the Company has a 40% ownership interest with the remaining 60% owned by two doctors one of whom serves as the medical director for that facility. These doctors are also affiliated with the entity that owns a 20% minority ownership in the subsidiary that operates the facility.

Some referring physicians (including medical directors in some cases) also own equity interests in entities that operate the Company's dialysis centers.

The Company believes that the leases and equity purchases are no less favorable to the Company and no more favorable to such physicians than would have been obtained in arm's-length bargaining between independent parties.

The Company had one promissory note obligation owed a noncontrolling interest holder in one of its subsidiaries that was paid in full during the year ended December 31, 2014 (note 6(e)).

The Company paid a related party affiliated through common ownership \$0.7 million and \$1 million for the years ended December 31, 2015 and 2014, respectively, for the usage of an airplane.

Larry Jones, President of Innovative Dialysis Systems, a Company subsidiary, has equity ownership in three entities operating dialysis centers in Los Angeles County, California, for which the Company provides management services: Canyon Country Dialysis, LLC; Santa Clarita Kidney Center, Inc.; and The Kidney Care Center of the North Valley, Inc.

A member of the Company's board of directors provides consulting services primarily related to regulatory and reimbursement matters. The total expenses incurred by the Company related to these services were \$0.2 million for the years ended December 31, 2015 and 2014.

Included in general and administrative expenses for the years ended December 31, 2015 and 2014 are management fees payable to affiliates of Leonard Green, Cressey, and SVLS, in the amount of \$1.5 million.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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(Dollars in thousands, except share information)

(11) Legislation, Regulations, and Market Conditions

The Company's dialysis operations are subject to extensive federal, state, and local government regulations. These regulations require the Company to meet various standards relating to, among other things, the operation of dialysis clinics, the provision of quality healthcare for patients, maintenance of proper ownership and records, quality assurance programs, and occupational, health, safety, and environmental standards, and the provision of accurate reporting and billing to government and private payment programs. These laws are extremely complex, and in many instances, providers do not have the benefit of significant regulatory or judicial interpretation as to how to interpret and apply these laws and regulations in the normal course of conducting their business. Healthcare providers that do not comply with these laws and regulations may be subject to civil or criminal penalties, the loss of their licenses, or restriction in their ability to participate in various federal and state healthcare programs. The Company endeavors to conduct its business in compliance with applicable laws and regulations.

The Company's dialysis centers are certified (or are pending certification) by the Centers for Medicare and Medicaid Services, as is required for the receipt of Medicare payments, and are licensed and permitted by state authorities.

The Medicare and Medicaid Fraud and Abuse Amendments of 1977, as amended, generally referred to as the "antikickback statute," imposes sanctions on those who, among other things, offer, solicit, make, or receive payments in return for referral of a Medicare or Medicaid patient for treatment. The federal False Claims Act imposes penalties on those who, among other things, knowingly present a false or fraudulent claim for payment to the federal government. Another federal law, commonly referred to as the "Stark Law," prohibits physicians, with certain exceptions, from referring Medicare patients to entities with which the physician has a financial relationship, states have analogous statutes. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), among other things, includes provisions relating to the privacy of medical information and prohibits inducements to patients to select a particular healthcare provider. Congress, states and regulatory agencies continue to consider modifications to federal and state healthcare laws. The Company's dialysis centers are also subject to various state hazardous waste and nonhazardous medical waste disposal laws.

As of December 31, 2015, the Company owned a majority interest in numerous dialysis related joint ventures. In addition to these majority owned joint ventures, the Company also had a noncontrolling ownership in seven dialysis related joint ventures. Many of these joint ventures have physicians or physician groups that provide medical director services to the clinics that are owned by these joint venture entities. Some of these same physicians may have a direct or indirect ownership in the joint ventures. Due to the fact that the Company's relationship with its physicians are governed by federal and state anti-kickback statutes, and other applicable law, every effort is made to structure the joint ventures the Company is involved with to satisfy such laws. Although the Company believes it is in compliance with all relevant statutes as it relates to these joint ventures, they are subject to government scrutiny.

Sanctions for violations of these statutes could result in the imposition of significant fines and penalties, repayments for patient services previously billed, expulsion from government healthcare programs, and other civil or criminal penalties. Management believes that the Company is in material compliance with applicable government laws and regulations.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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(Dollars in thousands, except share information)

(12) Profit-Sharing Plan

The Company has a savings plan for employees who meet certain criteria that have been established pursuant to the provisions of Section 401(k) of the Internal Revenue Code. The plan allows employees to contribute a defined portion of their compensation on a tax-deferred basis. Since January 1, 2005, the plan allows for defined-matching Company contributions for eligible employees. The plan was amended effective January 1, 2006 to allow vesting credit for prior years of service for employees of certain acquired businesses. The Company made matching contributions to the plan of \$2 million and \$1.6 million for the years ended December 31, 2015 and 2014, respectively.

The Company may also make discretionary profit-sharing contributions to the plan if approved by the board of directors. No such contributions were made in 2015 or 2014.

(13) Commitments and Contingencies

The Company may be subject to claims and suits in the ordinary course of business, including contractual disputes and professional and general liability claims. Based on the advice from legal counsel, management does not believe any amount from these claims or suits will be material to the financial statements. The Company has obligations to purchase the third-party interests in several of its joint ventures. These obligations are in the form of put provisions in joint venture agreements, and are exercisable at the third-party owners' discretion with some timing limitations. If these put provisions are exercised, the Company would be required to purchase the third-party owners' interests at fair market value (note 4).

The Company rents office space, medical facilities, and medical equipment under lease agreements that are classified as operating leases for financial reporting purposes. At December 31, 2015, the future minimum rental payments under noncancelable operating leases with terms of one year or more consist of the following:

2016	\$	48,658
2017		43,988
2018		38,119
2019		33,667
2020		29,546
Thereafter		101,267

Rent expense was \$32 million and \$29 million for the years ended December 31, 2015 and 2014, respectively.

U.S. RENAL CARE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

(Dollars in thousands, except share information)

(14) Subsequent Events

The Company evaluated events subsequent to December 31, 2015 and through May 2, 2016 the date on which the consolidated financial statements were issued.

On January 1, 2016, the Company acquired a 60% interest in six joint ventures and a noncontrolling interest in four joint ventures providing outpatient dialysis services in Texas for \$52 million, subject to adjustments for working capital. The acquisition was funded with cash on hand and will be accounted for under the acquisition method of accounting prescribed in ASC 805.

On April 13, 2016, the IHS Agreement closed with an effective date of April 1, 2016 for IHS of Massachusetts, LLC and an effective date of April 4, 2016 for IHS of New York, Inc.

Financial Viability Waiver

Applicant need not submit financial viability ratios, because it is funding all project capital expenditures through internal resources.

Reasonableness of Financing Arrangement

A. Reasonableness of Financing Arrangements

See attached certifications.

B. Conditions of Debt Financing

See attached certifications.

C. Reasonableness of Project Costs

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. \$ (BxE)	
ESRD	\$180		6,500					\$1,170,000	\$1,170,000
Contingency									
TOTALS	\$180		6,50					\$1,170,000	\$1,170,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs (2019)

Projected Operating Costs	Total Cost	Treatments	Cost/ Treatment
Personnel	740,302		
Medical Supplies	260,958		
Other Supplies	260,957		
Medical Director Fees	55,000		
Rent	87,750		
Management Fee	259,183		
Other	431,598		
Total Projected Operating Costs*	2,095,748	9,107	230.13

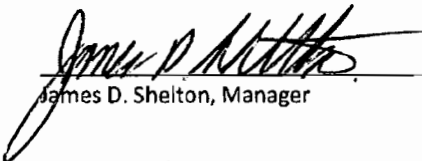
E. Total Effect of the Project on Capital Costs

	Total Cost	Treatments	Cost/ Treatment
Total Effect of the Project on Capital Costs	346,933	9,107	38.10

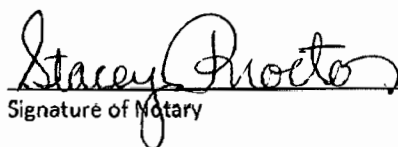
Reasonableness of Project and Related Costs

USRC Hickory Hills, LLC

In accordance with 77 Ill. Admin. Code § 1120.140, I attest that there is no debt financing. Applicant will fund the Project completely with internal resources. In addition, entering into a lease is less costly than liquidating existing investments to construct the dialysis facility. If Applicant must pay off the lease in full, it could convert its existing retained investments and capital to cash or use them to retire the outstanding lease obligations, within a 60-day period.


James D. Shelton, Manager

Subscribed and sworn to before me this 16th day of June 2016.


Signature of Notary

Seal



Safety Net Impact Statement

1. For the 3 fiscal years before the date of the Application, Applicant provided \$_____ of charity care. [NOTE: Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology the Board has specified.]

2. For the 3 fiscal years before the date of the Application, Applicant provided \$_____ in care to Medicaid patients. [NOTE: Hospital and nonhospital applicants shall provide Medicaid information in a manner consistent with the information they reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payer Source" and "Inpatient and Outpatient Net Revenue by Payer Source," as the Board requires under Section 13 of this Act and published in the Annual Hospital Profile.]

3. [Include any information that is directly relevant to safety net services, including information regarding teaching, research, and any other service.]

Safety Net Information per PA 96-0031			
Charity Care			
Charity (# of patients)	2013	2014	2015
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
Medicaid			
Medicaid (# of patients)			
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

Charity Care

1. The chart below indicates the amount of charity care Applicant provided for the latest 3 audited fiscal years, the cost of charity care, and the ratio of that charity care cost to net patient revenue.
2. [NOTE: If the Applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If Applicant reports charity care costs 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. [NOTE: 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.]
4. ["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) Applicant must provide Charity Care at its cost.]

Charity Care for All USRC Facilities in Illinois			
	2013	2014	2015
Net Patient Revenue of All Illinois Facilities	\$	\$	\$
Amount of Charity Care (charges)	\$	\$	\$
Cost of Charity Care	\$	\$	\$
Ratio of Charity Care			

Projected Charity Care for [INSERT FACILITY NAME]		
	2016	2017
Net Patient Revenue for [INSERT FACILITY NAME]	\$	\$
Amount of Charity Care (charges)		\$
Cost of Charity Care	\$	\$
Ratio of Charity Care		

Appendix 1

Patient Referral Letters

VIA FEDERAL EXPRESS

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

To Whom It May Concern:

On behalf of Southwest Nephrology Associates, S.C., comprised of Drs. Obasi, Guglielmi, Thomas, Ahuja, McLaughlin, Patel, Selk, Desai, Raju and Onyenwenyi, and Advanced Practice Nurses Christine Sutich, APN/CNS, CNN, Lilla Wojciechowski, APN/ANP-BC and Latrina Dunn-Lenoir, APN, I am writing this letter in support of the certificate of need application for the proposed U.S. Renal Care Hickory Hills, LLC Dialysis facility.

Currently, we treat patients who receive their dialysis at the following facilities: Davita Beverly, Davita Mt. Greenwood, Davita - Palos Park, Davita - West Lawn, DSI Scottsdale, Fresenius Medical Care - Alsip, Fresenius Medical Care - Crestwood, Fresenius Medical Care - Merrionette Park, Fresenius Medical Care - Mokena, Fresenius Medical Care - Orland Park, and Fresenius Medical Care - South Side, or who receive their dialysis through home modalities. Based on our records, we treated 166 ESRD patients in 2013, 163 ESRD patients in 2014, 140 ESRD patients in 2015, and 151 ESRD patients through first quarter of 2016, as reported to the Renal Network. Included as Table A is the patient count organized by year, patient zip code, and dialysis facility for the years 2013, 2014, 2015, and first quarter 2016. We anticipate that 10% of our existing hemodialysis patients will not require in-center hemodialysis services within 1 year due to a change in health status.

With respect to new patients referred for dialysis, in the year 2015 we referred 48 patients for hemodialysis. Table B is a patient count of newly referred patients, by facility and zip code.

Based upon a review of our 603 Pre-ESRD patients that currently are in Chronic Kidney Disease (CKD) Stages 3, 4 and 5, we anticipate referring 48 patients to the proposed U.S. Renal Care facility for dialysis in the two years following project completion, as demonstrated in Table C. While Applicant bases these estimates on the zip code of the patient's residence, Applicant will continue to respect a patient's choice in his or her dialysis provider.

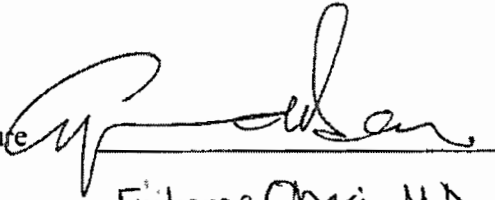
We respectfully ask the Board to approve the U.S. Renal Care Hickory Hills, LLC CON application to provide in center hemodialysis services for this growing ESRD population in Cook County. Thank you for your consideration.

CERTIFICATION

To the best of my knowledge, I attest that all the information in this letter is true and correct and that no other applicant used these projected referrals to support its CON application.

Respectfully,

Signature



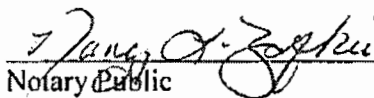
Name:

Ejikeme Odasi, M.D.

Title:

President

SUBSCRIBED and SWORN TO before me
This 14th day of June, 2016


Notary Public



Appendix A

Total Number of Physicians' ESRD Patients Who Received Dialysis at ESRD Centers in the Area (by Name of Facility and Zip Code of Patient's Residence), from 2013 through 1st Quarter of 2016.

Facility Name	Zip Code	2013	2014	2015	First Quarter 2016
Davita Beverly	60459	1	1	1	0
Davita Beverly	60652	1	1	2	2
Davita Mt. Greenwood	60638	0	1	0	0
Davita Mt. Greenwood	60655	1	1	0	0
Davita Mt. Greenwood	60803	0	0	1	1
Davita – Palos Park	60453	0	1	1	1
Davita – Palos Park	60457	0	1	0	0
Davita – Palos Park	60463	0	1	2	2
Davita – Palos Park	60464	2	3	3	3
Davita – Palos Park	60465	0	0	1	2
Davita – Palos Park	60638	0	1	0	0
Davita – West Lawn	60459	0	0	1	0
DSI Scottsdale	60415	3	2	3	2
DSI Scottsdale	60453	14	11	11	14
DSI Scottsdale	60455	2	2	5	6
DSI Scottsdale	60456	3	3	4	2
DSI Scottsdale	60457	3	3	1	1
DSI Scottsdale	60458	1	0	1	2
DSI Scottsdale	60459	9	10	11	11
DSI Scottsdale	60464	1	0	0	0
DSI Scottsdale	60465	0	1	1	0
DSI Scottsdale	60638	9	5	4	3
DSI Scottsdale	60652	23	25	22	21
DSI Scottsdale	60655	1	1	0	0
Fresenius Medical Care - Alsip	60415	0	1	1	0
Fresenius Medical Care - Alsip	60453	1	1	1	1
Fresenius Medical Care - Alsip	60655	0	1	0	0
Fresenius Medical Care - Alsip	60803	1	1	2	0
Fresenius Medical Care – Crestwood	60415	5	5	5	5
Fresenius Medical Care – Crestwood	60453	9	5	4	3
Fresenius Medical Care – Crestwood	60455	2	2	2	2

Fresenius Medical Care -- Crestwood	60456	1	1	1	0
Fresenius Medical Care -- Crestwood	60457	1	0	2	1
Fresenius Medical Care -- Crestwood	60459	1	0	0	0
Fresenius Medical Care -- Crestwood	60463	5	3	2	4
Fresenius Medical Care -- Crestwood	60464	2	0	0	0
Fresenius Medical Care -- Crestwood	60465	6	8	4	4
Fresenius Medical Care -- Crestwood	60482	5	4	3	4
Fresenius Medical Care -- Crestwood	60501	0	1	1	0
Fresenius Medical Care -- Crestwood	60652	1	3	0	1
Fresenius Medical Care -- Crestwood	60655	4	7	0	0
Fresenius Medical Care -- Crestwood	60803	8	5	1	2
Fresenius Medical Care -- Merrionette Park	60415	0	0	0	1
Fresenius Medical Care -- Merrionette Park	60453	7	9	4	8
Fresenius Medical Care -- Merrionette Park	60459	1	1	0	0
Fresenius Medical Care -- Merrionette Park	60465	1	1	0	0
Fresenius Medical Care -- Merrionette Park	60482	0	1	0	0
Fresenius Medical Care -- Merrionette Park	60501	0	1	1	1
Fresenius Medical Care -- Merrionette Park	60652	3	3	3	8
Fresenius Medical Care -- Merrionette Park	60655	6	7	8	9
Fresenius Medical Care -- Merrionette Park	60803	7	5	4	6
Fresenius Medical Care -- Mokena	60463	1	0	0	0
Fresenius Medical Care -- Mokena	60465	1	0	0	0
Fresenius Medical Care -- Mokena	60455	1	0	0	0
Fresenius Medical Care -- Mokena	60638	0	1	1	0
Fresenius Medical Care -- Oak Forest	60415	0	0	0	1
Fresenius Medical Care -- Oak Forest	60482	0	0	0	1
Fresenius Medical Care -- Oak Forest	60638	0	0	0	1
Fresenius Medical Care -- Orland Park	60455	1	1	1	0
Fresenius Medical Care -- Orland Park	60457	2	2	3	4
Fresenius Medical Care -- Orland Park	60463	2	1	2	2
Fresenius Medical Care -- Orland Park	60464	4	3	3	1
Fresenius Medical Care -- Orland Park	60665	0	0	1	2
Fresenius Medical Care -- Orland Park	60480	1	1	1	1
Fresenius Medical Care -- Orland Park	60482	0	1	1	1

Fresenius Medical Care – South Side	60453	1	1	0	2
Fresenius Medical Care – South Side	60455	0	1	1	0
Fresenius Medical Care – South Side	60652	1	1	2	2
Total		166	163	140	151

Appendix B

The Number of New Patients in the Area that the Physicians Referred for In-Center Hemodialysis (by Facility Name and Patient Zip Code of Residence)

Facility Name	Zip Code	Number of Patients Physician Referred to Facility to Start Dialysis
2015		
Davita Mt. Greenwood	60643	1
Davita Mt. Greenwood	60652	1
Davita – Palos Park	60415	1
DSI Scottsdale	60453	5
DSI Scottsdale	60455	2
DSI Scottsdale	60458	1
DSI Scottsdale	60459	3
DSI Scottsdale	60638	1
DSI Scottsdale	60652	3
Fresenius Medical Care – Alsip	60453	1
Fresenius Medical Care – Crestwood	60415	1
Fresenius Medical Care – Crestwood	60453	2
Fresenius Medical Care – Crestwood	60463	3
Fresenius Medical Care – Crestwood	60465	2
Fresenius Medical Care – Crestwood	60482	1
Fresenius Medical Care – Crestwood	60652	1
Fresenius Medical Care – Crestwood	60803	1
Fresenius Medical Care – Merrionette Park	60415	1
Fresenius Medical Care – Merrionette Park	60453	5
Fresenius Medical Care – Merrionette Park	60652	2
Fresenius Medical Care – Merrionette Park	60655	3
Fresenius Medical Care – Merrionette Park	60803	2
Fresenius Medical Care – Oak Forest	60415	1
Fresenius Medical Care – Oak Forest	60638	1
Fresenius Medical Care – Orland Park	60457	1
Fresenius Medical Care – South Side	60453	1
Fresenius Medical Care – South Side	60652	1
TOTAL		48

Appendix C

**Estimated Number of Patients Who the Physicians Will Refer Annually to
Applicant's Dialysis Center, within 24-Months after Project Completion**

Zip Code	Projected ESRD Patients for Southwest Nephrology Associates, S.C.
60415	3
60453	13
60455	4
60456	1
60457	4
60458	1
60459	6
60463	4
60464	0
60465	5
60480	0
60482	2
60501	0
60638	1
60652	1
60655	0
60803	3
60805	1
TOTAL	48

Appendix 2

Mapquest Maps of Facilities

YOUR TRIP TO:

103 Forest Ave, River Forest, IL 60305

31 MIN | 20.4 MI 

Trip time based on traffic conditions as of 12:16 PM on June 1, 2016. Current Traffic: Heavy



- 

1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:
- 

2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:
- 

3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.64 miles 0.85 total mile:
- 

4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).

Then 13.07 miles 13.92 total mile:
5. Take the IL-38 W/Roosevelt Road exit on the left.

Then 0.03 miles 13.95 total mile:
- 

6. Merge onto I-294 N/Tri State Tollway N (Portions toll).

Then 0.32 miles 14.27 total mile:
- 

7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.

Then 0.17 miles 14.44 total mile:
- 

8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.

Then 0.36 miles 14.80 total mile:
- 

9. Merge onto Chicago-Kansas City Expressway E.

Then 4.01 miles 18.80 total mile:
- 

10. Take EXIT 20 toward IL-171/1st Ave.

Then 0.16 miles 18.97 total mile:
- 

11. Merge onto Bataan Dr.

Then 0.07 miles 19.03 total mile:
- 

12. Take the 1st left onto S 1st Ave/IL-171.

S 1st Ave is just past S 2nd Ave.

If you reach I-290 E you've gone about 0.1 miles too far.

Then 0.56 miles 19.59 total mile:

➔ 13. Turn right onto Madison St.

Madison St is just past Green St.

If you reach School St you've gone a little too far.

Then 0.66 miles

20.25 total mile:

⤵ 14. Turn left onto Forest Ave.

Forest Ave is just past Keystone Ave.

If you reach Van Buren St you've gone a little too far.

Then 0.17 miles

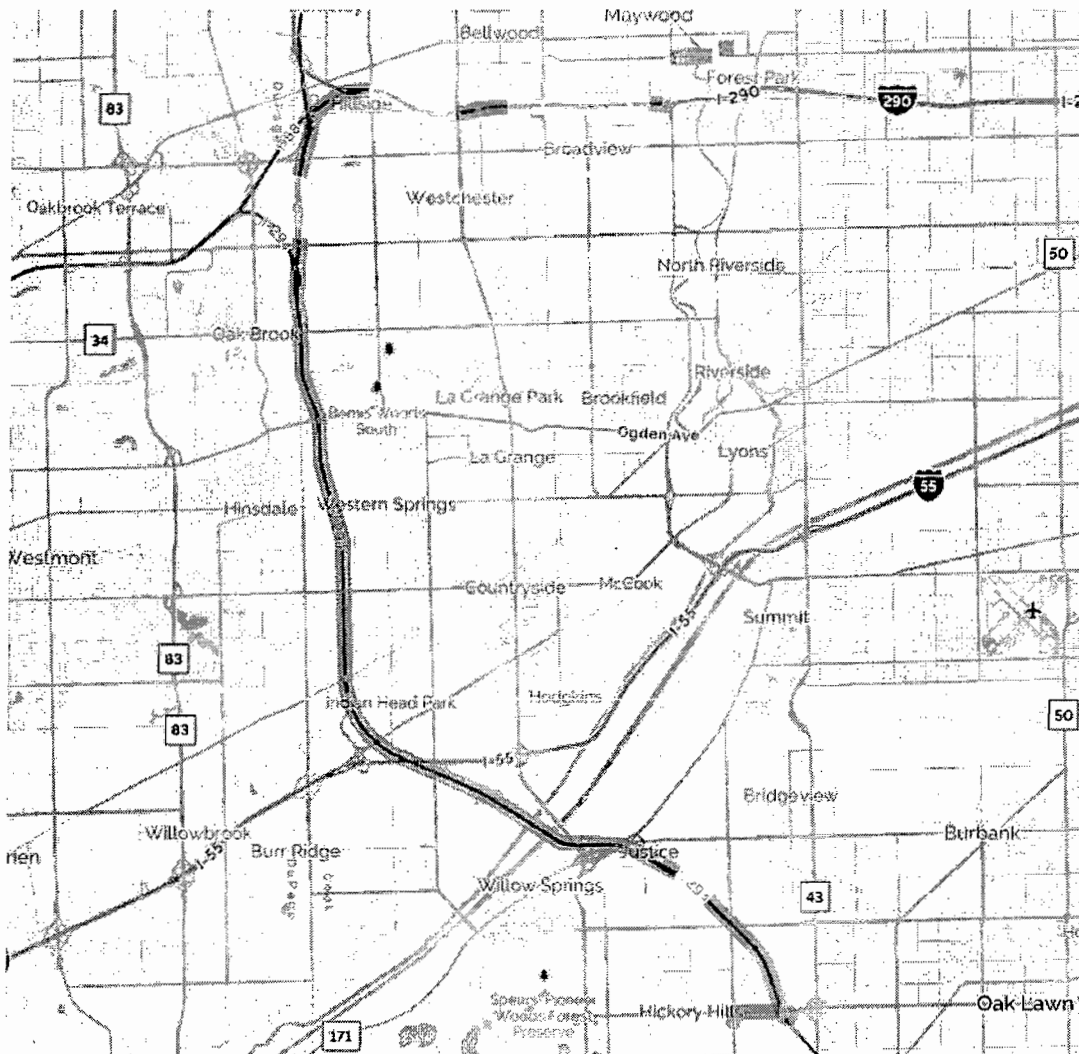
20.42 total mile:

📍 15. 103 FOREST AVE is on the right.

Your destination is just past Vine St.

If you reach Washington Blvd you've gone a little too far.

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YOUR TRIP TO:



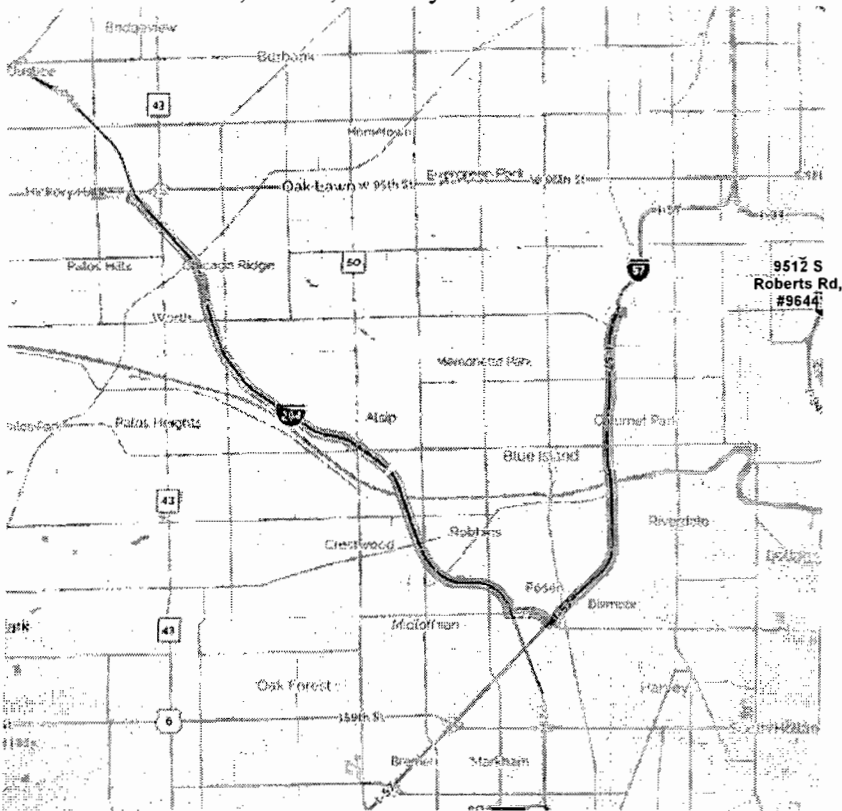
136 W 111th St, Chicago, IL 60628-4215

26 MIN | 17.6 MI

Trip time based on traffic conditions as of 12:34 PM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total-mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total-mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total-mile
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total-mile
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total-mile
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total-mile
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 9.18 miles 9.91 total-mile
8. Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).
Then 0.15 miles 10.05 total-mile
9. Turn left onto IL-83/W 147th St.
Then 0.76 miles 10.81 total-mile
10. Merge onto I-57 N via the ramp on the left.
If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.
Then 4.61 miles 15.42 total-mile
11. Take EXIT 355 toward Monterey Ave/111th St.
Then 0.27 miles 15.69 total-mile
12. Merge onto S Hamlet Ave.
Then 0.24 miles 15.93 total-mile
13. Turn right onto W 111th St.
W 111th St is 0.1 miles past W 112th St.
If you reach I-57 N you've gone about 0.3 miles too far.
Then 1.71 miles 17.65 total-mile
14. 136 W 111TH ST is on the left.
Your destination is just past S Wentworth Ave.
If you reach S Perry Ave you've gone a little too far.

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136 W 111th
St, Chicago, IL
60628-4215

YOUR TRIP TO:

177 E Joe Orr Rd

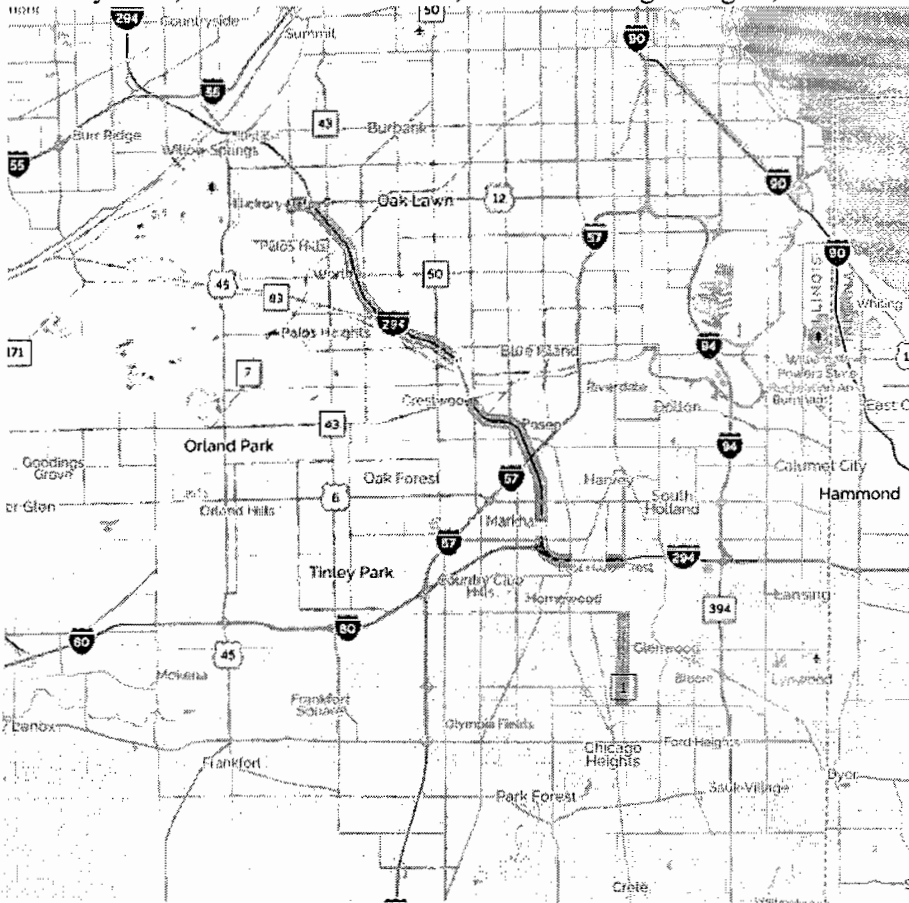


31 MIN | 19.5 MI

Trip time based on traffic conditions as of 6:32 PM on May 31, 2016. Current Traffic: Heavy

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total-mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total-mile
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total-mile
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 11.67 miles 12.39 total-mile
8. Take the exit toward I-57/I-80 W/Iowa.
Then 0.43 miles 12.82 total-mile
9. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward I-80 E/Indiana (Portions toll).
Then 2.25 miles 15.07 total-mile
10. Merge onto Halsted St/IL-1 S.
Then 4.36 miles 19.43 total-mile
11. Turn right onto E Joe Orr Rd.
E Joe Orr Rd is 0.1 miles past Eastgate Ave.
If you reach Southgate Ave you've gone about 0.1 miles too far.
Then 0.04 miles 19.47 total-mile
12. 177 E JOE ORR RD is on the right.
If you reach Peoria St you've gone a little too far.

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9512 S
Roberts Rd,
9644

177 E Joe Orr
Rd

YOUR TRIP TO:

200 E North Ave, Villa Park, IL 60181-1221



42 MIN | 22.1 MI

Trip time based on traffic conditions as of 5:37 PM on May 31, 2016. Current Traffic: Heavy

Start of next-leg of route

1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.10 miles 0.10 total mile

2. Turn right onto Hickory Palos Sq.

If you reach W 97th St you've gone about 0.1 miles too far.

Then 0.27 miles 0.37 total mile

3. Turn left onto W 95th St/US-20 W/US-12 W. Continue to follow W 95th St.

Then 4.19 miles 4.56 total mile

4. Turn slight left onto Archer Ave/IL-171.

Then 2.34 miles 6.90 total mile

5. Turn right onto State Route 83/IL-83. Continue to follow IL-83.

IL-83 is just past Derby Rd.

If you are on IL-171 and reach 107th St you've gone a little too far.

Then 14.66 miles 21.56 total mile

6. Turn left onto W North Ave/IL-64.

W North Ave is 0.2 miles past W 2nd St.

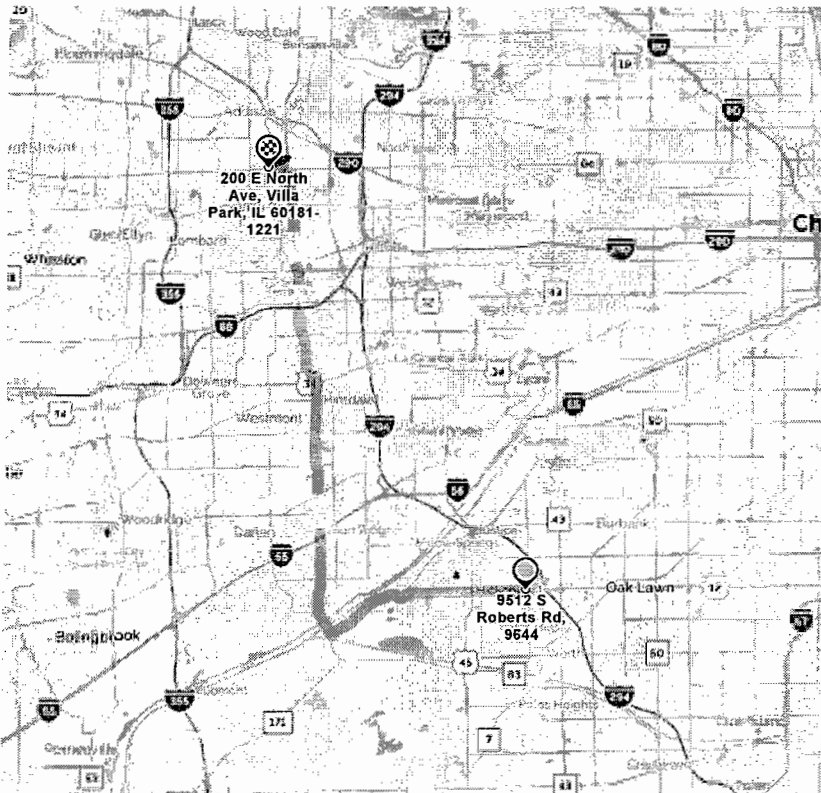
Then 0.57 miles 22.13 total mile

7. 200 E NORTH AVE.

Your destination is 0.1 miles past N Ellsworth Ave.

If you reach N Ardmore Ave you've gone about 0.1 miles too far.

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YOUR TRIP TO:



329 Remington Blvd

34 MIN | 17.7 MI

Trip time based on traffic conditions as of 5:20 PM on May 31, 2016. Current Traffic: Heavy

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.14 miles 0.22 total mile



3. Take the 1st left onto W 95th St/US-20 W/US-12 W.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.75 miles 1.97 total mile



4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 1.01 miles 2.98 total mile



5. Turn left onto W 87th St.

Then 0.55 miles 3.53 total mile



6. Take the 2nd right onto S Nulton Ave.

*S Nulton Ave is 0.1 miles past Forest Ave.**If you reach S Charleton St you've gone a little too far.*

Then 0.47 miles 3.99 total mile



7. Turn left onto Archer Ave/IL-171.

*Archer Ave is just past Vinewood Ave.**If you are on N Nulton Ave and reach Blackstone Ave you've gone a little too far.*

Then 0.71 miles 4.70 total mile



8. Turn right onto Willow Springs Rd.

*Willow Springs Rd is just past Market St.**If you reach S 104th Ave you've gone a little too far.*

Then 0.68 miles 5.38 total mile



9. Turn left onto German Church Rd.

*German Church Rd is 0.1 miles past Corcoran Rd.**If you reach 79th St you've gone about 0.5 miles too far.*

Then 1.51 miles 6.89 total mile

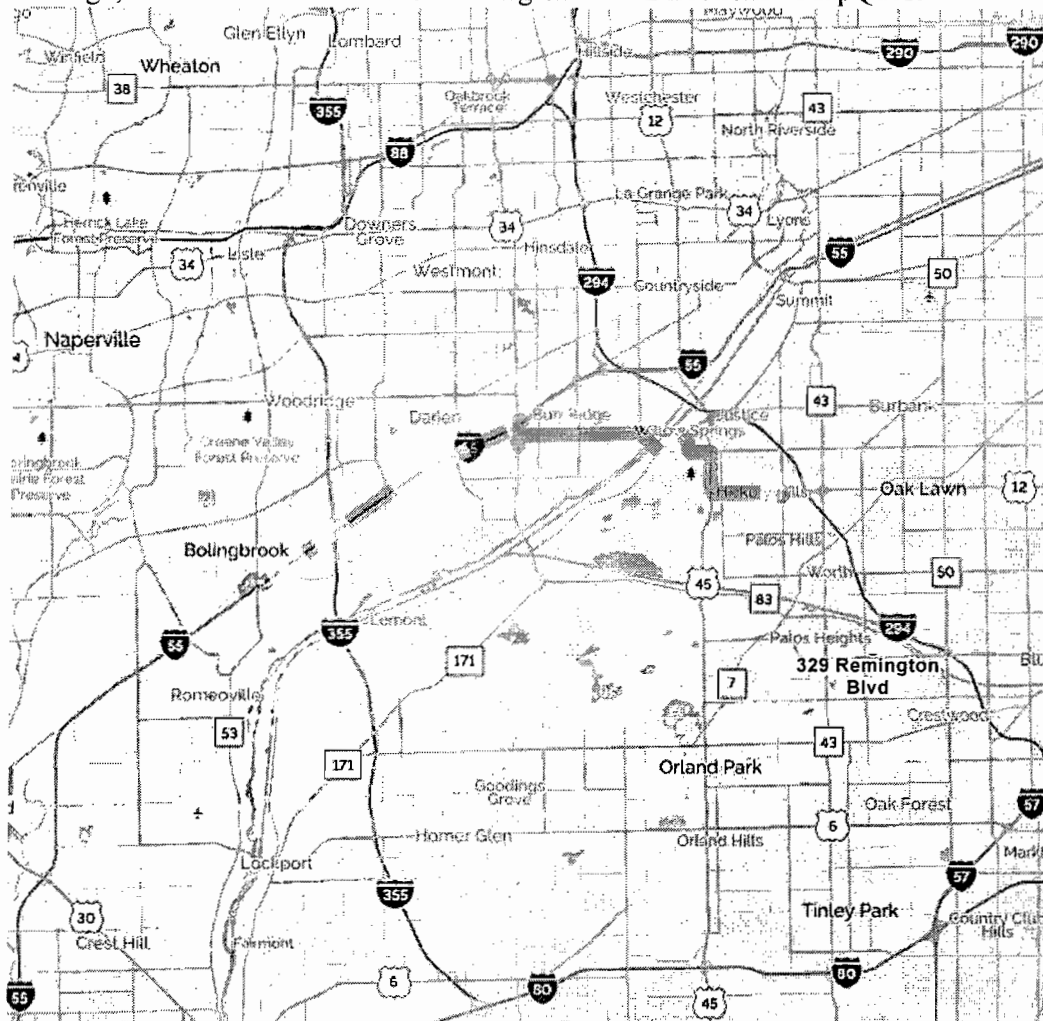


10. German Church Rd becomes 83rd St.

Then 1.48 miles 8.37 total mile

-  11. Turn left onto S Frontage Rd.
Then 0.22 miles 8.59 total mile
-  12. Take the 2nd left onto Kingery Hwy/IL-83.
Kingery Hwy is 0.1 miles past Meadowbrook Dr.
If you are on S Frontage Rd and reach IL-83 you've gone a little too far.
Then 0.54 miles 9.13 total mile
-  13. Merge onto I-55 S toward Joliet.
Then 7.43 miles 16.56 total mile
-  14. Take the IL-53 exit, EXIT 267, toward Bolingbrook.
Then 0.31 miles 16.87 total mile
-  15. Merge onto S Bolingbrook Dr/IL-53 toward Bolingbrook.
Then 0.16 miles 17.03 total mile
-  16. Turn left onto Remington Blvd.
Remington Blvd is just past E North Frontage Rd.
If you reach Commerce Dr you've gone a little too far.
Then 0.63 miles 17.65 total mile
-  17. Make a U-turn onto Remington Blvd.
If you reach Woodcreek Dr you've gone about 0.1 miles too far.
Then 0.04 miles 17.69 total mile
-  18. 329 Remington Blvd, Bolingbrook, IL 60440-4921, 329 REMINGTON BLVD is on the right.
If you reach Quadrangle Dr you've gone a little too far.

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9512 S
Roberts Rd,
#9644

YOUR TRIP TO:

333 W 87th St, Chicago, IL 60620



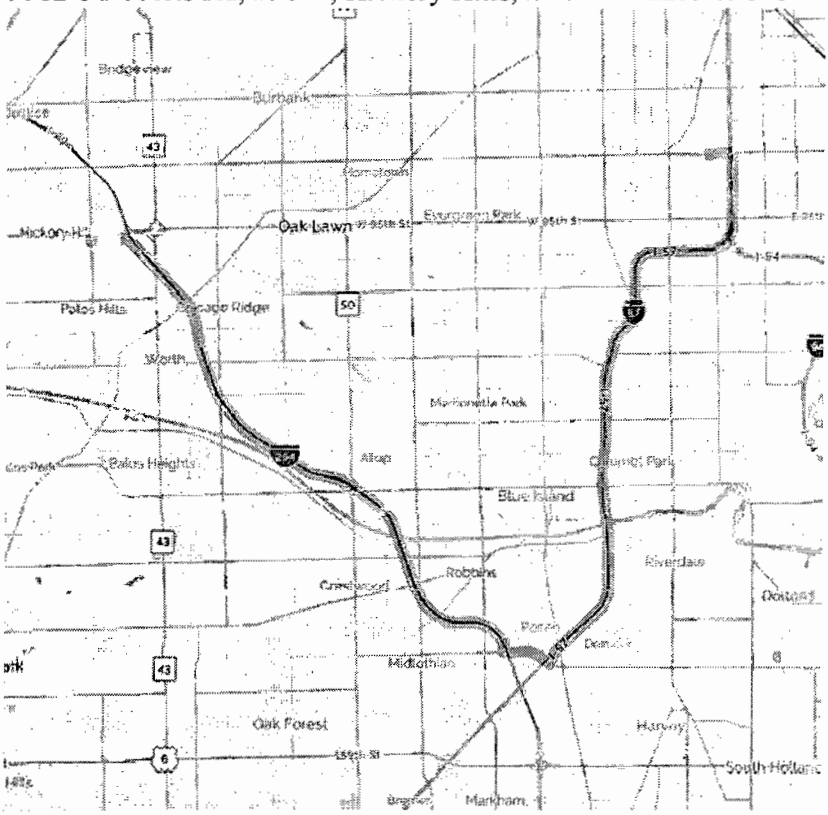
24 MIN | 20.8 MI

Trip time based on traffic conditions as of 11:36 AM on June 1, 2016. Current Traffic: Light

Start of next leg of route

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08-total-mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21-total-mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64-total-mile
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65-total-mile
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72-total-mile
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72-total-mile
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 9.18 miles 9.91-total-mile
8. Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).
Then 0.15 miles 10.05-total-mile
9. Turn left onto IL-83/W 147th St.
Then 0.76 miles 10.81-total-mile
10. Merge onto I-57 N via the ramp on the left.
If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.
Then 8.40 miles 19.21-total-mile
11. I-57 N becomes I-94 W.
Then 0.74 miles 19.94-total-mile
12. Take EXIT 61B toward 87th St.
Then 0.23 miles 20.17-total-mile
13. Merge onto S State St.
Then 0.14 miles 20.31-total-mile
14. Take the 1st left onto W 87th St.
If you reach E 86th St you've gone about 0.1 miles too far.
Then 0.46 miles 20.77-total-mile
15. 333 W 87TH ST is on the left.
Your destination is just past S Holland Rd.
If you reach S Eggleston Ave you've gone about 0.1 miles too far.

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9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



396 Remington Blvd, Bolingbrook, IL 60440-4920

34 MIN | 17.9 MI

Trip time based on traffic conditions as of 5:25 PM on May 31, 2016. Current Traffic: Heavy

-----Start-of-next-leg-of-route-----

1. Start out going **south** on S Roberts Rd.

Then 0.08 miles

0.08-total-mile

2. Make a **U-turn** onto S Roberts Rd.*If you reach Hickory Palos Sq you've gone a little too far.*

Then 0.14 miles

0.22-total-mile

3. Take the 1st **left** onto W 95th St/US-20 W/US-12 W.*If you reach W 94th St you've gone about 0.1 miles too far.*

Then 1.75 miles

1.97-total-mile

4. Turn **right** onto La Grange Rd/US-45 N/US-20 W/US-12 W.*La Grange Rd is 0.2 miles past S Kean Ave.*

Then 1.01 miles

2.98-total-mile

5. Turn **left** onto W 87th St.

Then 0.55 miles

3.53-total-mile

6. Take the 2nd **right** onto S Nolton Ave.*S Nolton Ave is 0.1 miles past Forest Ave.**If you reach S Charleton St you've gone a little too far.*

Then 0.47 miles

3.99-total-mile

7. Turn **left** onto Archer Ave/IL-171.*Archer Ave is just past Vinewood Ave.**If you are on N Nolton Ave and reach Blackstone Ave you've gone a little too far.*

Then 0.71 miles

4.70-total-mile

8. Turn **right** onto Willow Springs Rd.*Willow Springs Rd is just past Market St.**If you reach S 104th Ave you've gone a little too far.*

Then 0.68 miles

5.38-total-mile

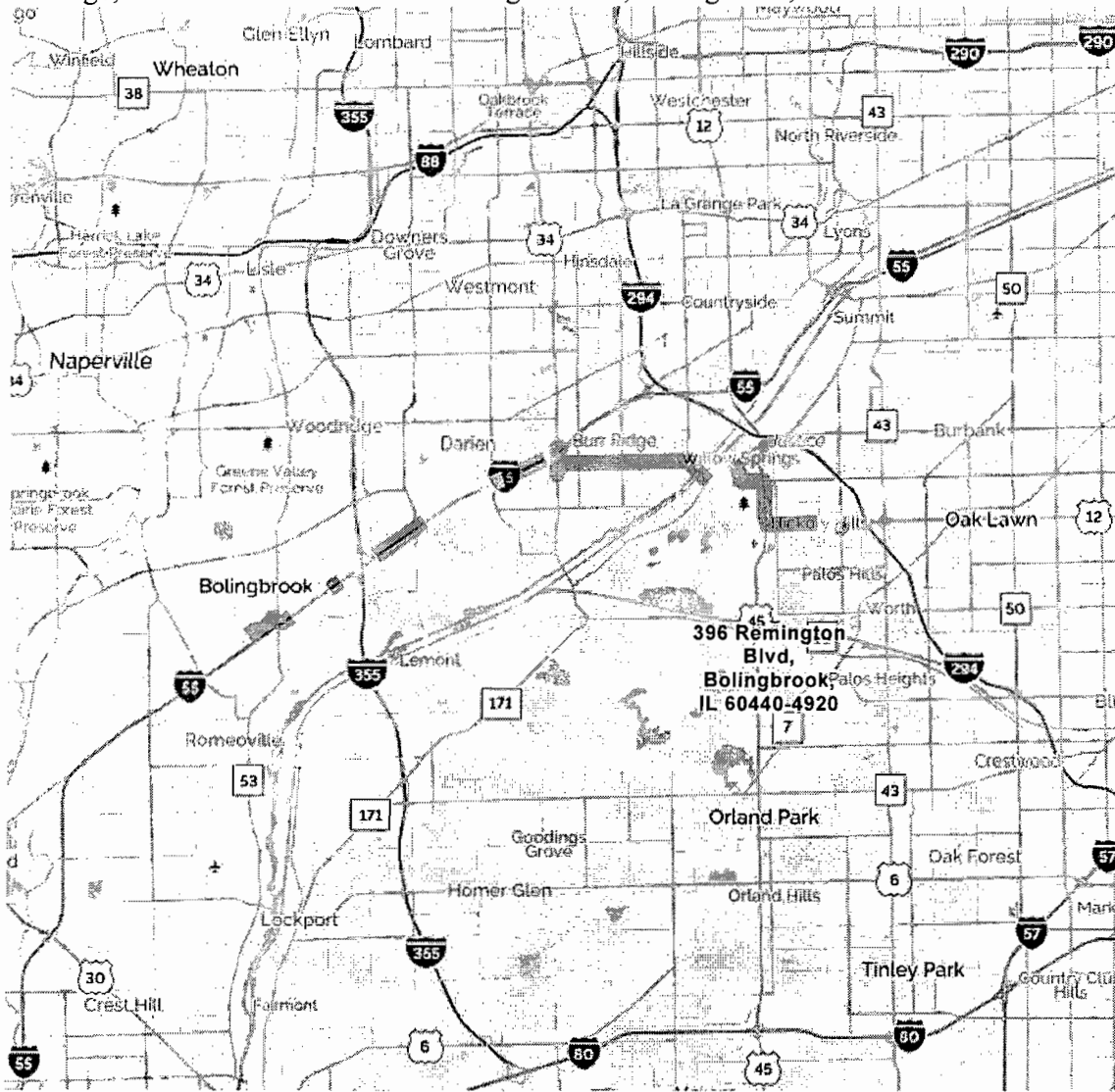
9. Turn **left** onto German Church Rd.*German Church Rd is 0.1 miles past Corcoran Rd.**If you reach 79th St you've gone about 0.5 miles too far.*

Then 1.51 miles

6.89-total-mile

-  10. German Church Rd becomes 83rd St.
Then 1.48 miles 8.37 total mile
-  11. Turn left onto S Frontage Rd.
Then 0.22 miles 8.59 total mile
-  12. Take the 2nd left onto Kingery Hwy/IL-83.
Kingery Hwy is 0.1 miles past Meadowbrook Dr.
If you are on S Frontage Rd and reach IL-83 you've gone a little too far.
Then 0.54 miles 9.13 total mile
-  13. Merge onto I-55 S toward Joliet.
Then 7.43 miles 16.56 total mile
-  14. Take the IL-53 exit, EXIT 267, toward Bolingbrook.
Then 0.31 miles 16.87 total mile
-  15. Merge onto S Bolingbrook Dr/IL-53 toward Bolingbrook.
Then 0.16 miles 17.03 total mile
-  16. Turn left onto Remington Blvd.
Remington Blvd is just past E North Frontage Rd.
If you reach Commerce Dr you've gone a little too far.
Then 0.88 miles 17.90 total mile
-  17. 396 REMINGTON BLVD.
Your destination is 0.1 miles past Woodcreek Dr.
If you reach S Schmidt Rd you've gone about 0.4 miles too far.

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9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



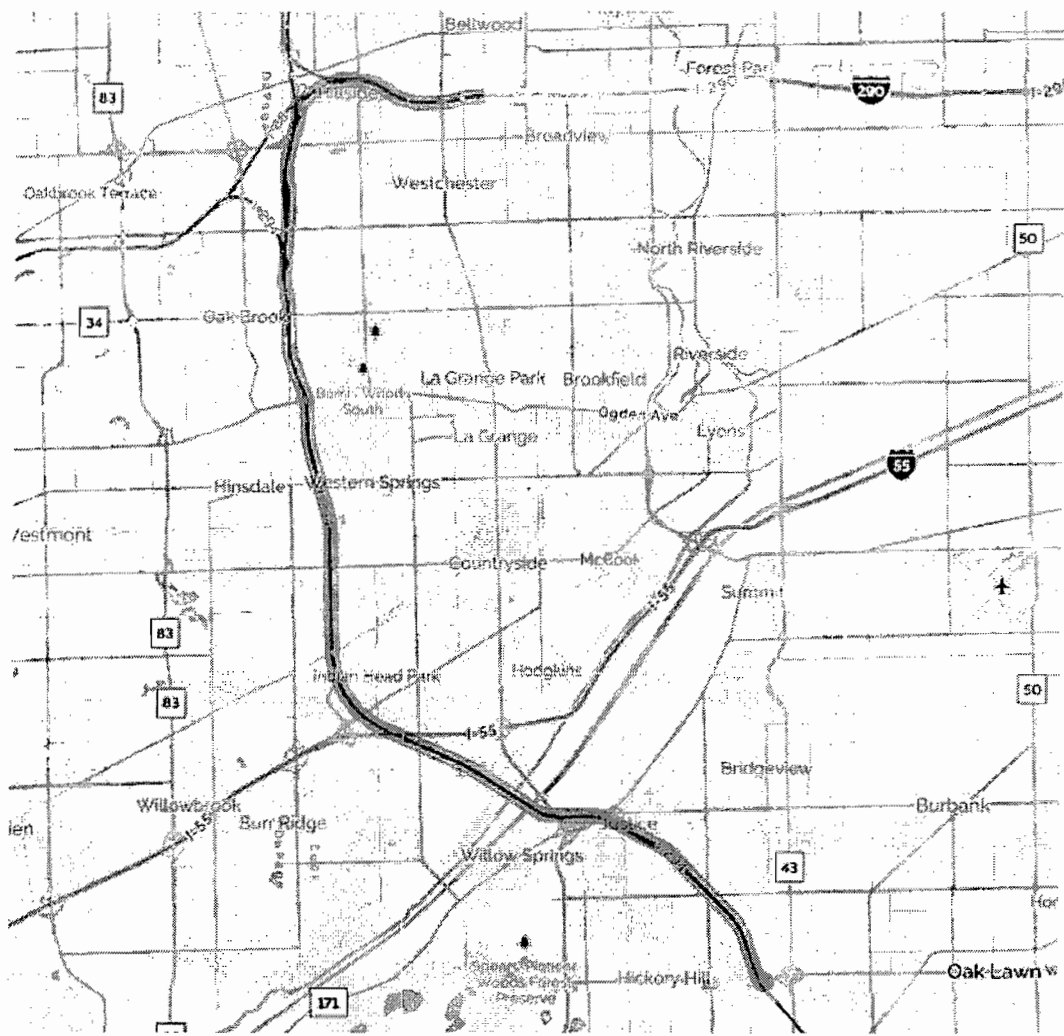
610 S Maple Ave, Oak Park, IL 60304

26 MIN | 20.9 MI

Trip time based on traffic conditions as of 12:43 PM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total-mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21-total mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85 total-mile
4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).
Then 13.07-miles 13.92 total-mile
5. Take the IL-38 W/Roosevelt Road exit on the left.
Then 0.03 miles 13.95 total mile
6. Merge onto I-294 N/Tri State Tollway N (Portions toll).
Then 0.32 miles 14.27 total mile
7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.
Then 0.17 miles 14.44 total mile
8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.
Then 0.36 miles 14.80 total-mile
9. Merge onto Chicago-Kansas City Expressway E.
Then 5.55-miles 20.35 total-mile
10. Take the IL-43/Harlem Ave exit, EXIT 21B, on the left.
Then 0.21-miles 20.56 total-mile
11. Turn left onto Harlem Ave/IL-43.
Then 0.33 miles 20.88 total-mile
12. Turn right onto Monroe St.
Monroe St is just past Adams St.
If you reach Madison St you've gone about 0.1 miles too far.
Then 0.04-miles 20.93 total-mile
13. Turn right onto S Maple Ave.
Then 0.02 miles 20.94 total-mile
14. 610 S MAPLE AVE is on the left.
If you reach Adams St you've gone a little too far.

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610 S Maple
Ave, Oak Park,
IL 60304

9512 S
Roberts Rd,
9644

YOUR TRIP TO:



719 W North Ave, Melrose Park, IL 60160-1631

35 MIN | 22.1 MI

Trip time based on traffic conditions as of 12:16 PM on June 1, 2016. Current Traffic: Heavy



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.64 miles 0.85 total mile



4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).

Then 13.07 miles 13.92 total mile

5. Take the IL-38 W/Roosevelt Road exit on the left.

Then 0.03 miles 13.95 total mile



6. Merge onto I-294 N/Tri State Tollway N (Portions toll).

Then 0.32 miles 14.27 total mile



7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.

Then 0.17 miles 14.44 total mile



8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.

Then 0.36 miles 14.80 total mile



9. Merge onto Chicago-Kansas City Expressway E.

Then 4.01 miles 18.80 total mile



10. Take EXIT 20 toward IL-171/1st Ave.

Then 0.16 miles 18.97 total mile



11. Merge onto Bataan Dr.

Then 0.07 miles 19.03 total mile



12. Take the 1st left onto S 1st Ave/IL-171.

S 1st Ave is just past S 2nd Ave.

If you reach I-290 E you've gone about 0.1 miles too far.

Then 2.59 miles 21.62 total mile



13. Turn left onto W North Ave/IL-64.

W North Ave is 0.4 miles past Braddock Dr.

If you are on IL-171 and reach River Rd you've gone about 0.5 miles too far.

Then 0.44 miles 22.06 total mile

Your destination is just past Riverwoods Dr.

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9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



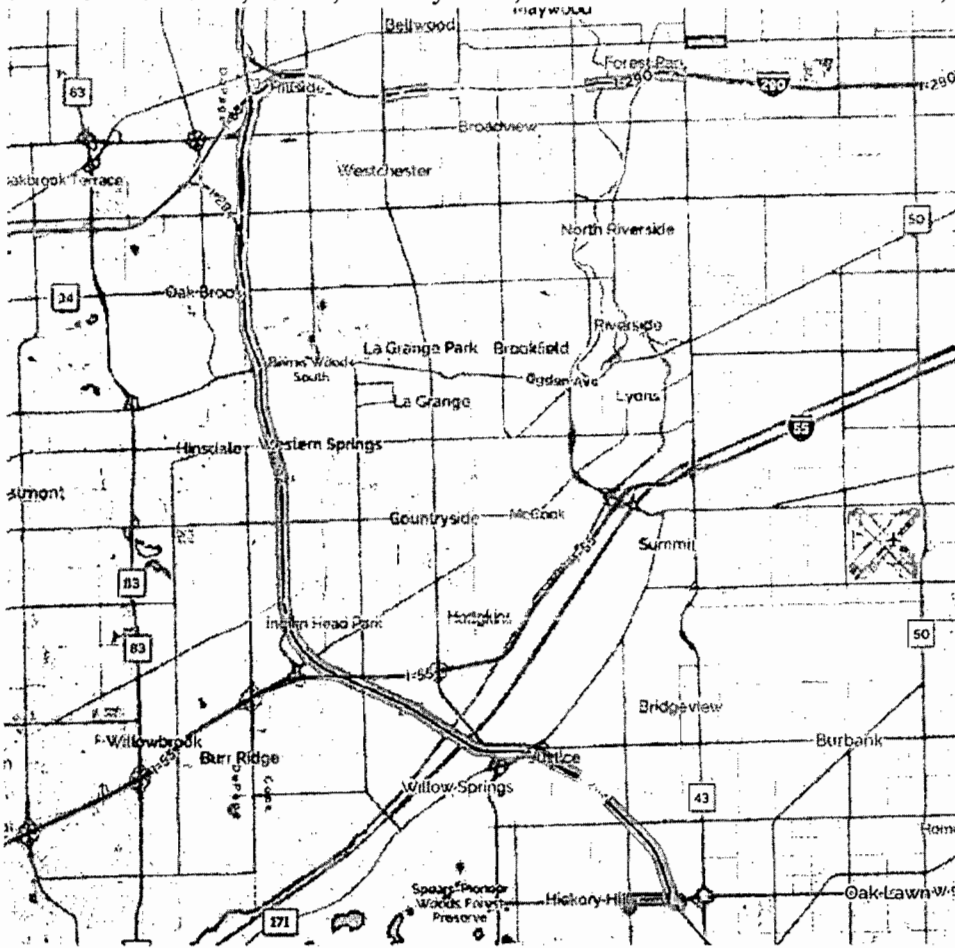
733 Madison St, Oak Park, IL 60302

31 MIN | 21.6 MI

Trip time based on traffic conditions as of 12:17 PM on June 1, 2016. Current Traffic: Heavy

1. Start out going **south** on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85 total mile:
4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).
Then 13.07 miles 13.92 total mile:
5. Take the IL-38 W/Roosevelt Road exit on the **left**.
Then 0.03 miles 13.95 total mile:
6. Merge onto I-294 N/Tri State Tollway N (Portions toll).
Then 0.32 miles 14.27 total mile:
7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.
Then 0.17 miles 14.44 total mile:
8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.
Then 0.36 miles 14.80 total mile:
9. Merge onto Chicago-Kansas City Expressway E.
Then 5.55 miles 20.35 total mile:
10. Take the IL-43/Harlem Ave exit, EXIT 21B, on the **left**.
Then 0.21 miles 20.56 total mile:
11. Turn **left** onto Harlem Ave/IL-43.
Then 0.43 miles 20.99 total mile:
12. Turn **right** onto Madison St.
Madison St is 0.1 miles past Monroe St.
If you reach Washington Blvd you've gone about 0.1 miles too far.
Then 0.58 miles 21.56 total mile:
13. 733 MADISON ST is on the **right**.
Your destination is just past S Oak Park Ave.
If you reach S Euclid Ave you've gone a little too far.

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733 Madison
St, Oak Park,
IL 60302

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



825 W 35th St, Chicago, IL 60609

27 MIN | 18.7 MI

Trip time based on traffic conditions as of 12:33 PM on June 1, 2016. Current Traffic: Light

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0:08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.14 miles 0:22 total mile:



3. Take the 1st left onto W 95th St/US-20 W/US-12 W.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.75 miles 1:97 total mile:



4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 3.15 miles 5:12 total mile:



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 11.20 miles 16:32 total mile:



6. Take the Damen Ave exit, EXIT 290, toward Ashland Ave.

Then 0.20 miles 16:52 total mile:



7. Keep left to take the Damen Ave ramp toward 2000 W.

Then 0.26 miles 16:77 total mile:



8. Keep right at the fork in the ramp.

Then 0.06 miles 16:84 total mile:



9. Merge onto S Damen Ave.

Then 0.43 miles 17:26 total mile:



10. Turn left onto W 35th St.

W 35th St is just past W 34th Pl.

If you reach W 36th St you've gone about 0.1 miles too far.

Then 4.47 miles 18:74 total mile:



11. 825 W 35TH ST is on the right.

If you reach S Halsted St you've gone a little too far.

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YOUR TRIP TO:

1111 Superior St



27 MIN | 20.2 MI

Trip time based on traffic conditions as of 12:42 PM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85 total mile:
4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).
Then 13.07 miles 13.92 total mile:
5. Take the IL-38 W/Roosevelt Road exit on the left.
Then 0.03 miles 13.95 total mile:
6. Merge onto I-294 N/Tri State Tollway N (Portions toll).
Then 0.32 miles 14.27 total mile:
7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.
Then 0.17 miles 14.44 total mile:
8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.
Then 0.36 miles 14.80 total mile:
9. Merge onto Chicago-Kansas City Expressway E.
Then 2.99 miles 17.79 total mile:
10. Take EXIT 19A toward 17th Ave.
Then 0.20 miles 17.99 total mile:
11. Merge onto Bataan Dr.
Then 0.54 miles 18.53 total mile:
12. Turn left onto S 9th Ave.
S 9th Ave is just past S 10th Ave.
If you reach S 8th Ave you've gone a little too far.
Then 1.50 miles 20.03 total mile:



13. Turn left onto Superior St.

Superior St is just past Huron St.

If you reach Chicago Ave you've gone a little too far.

Then 0.15 miles 20.18 total mile:

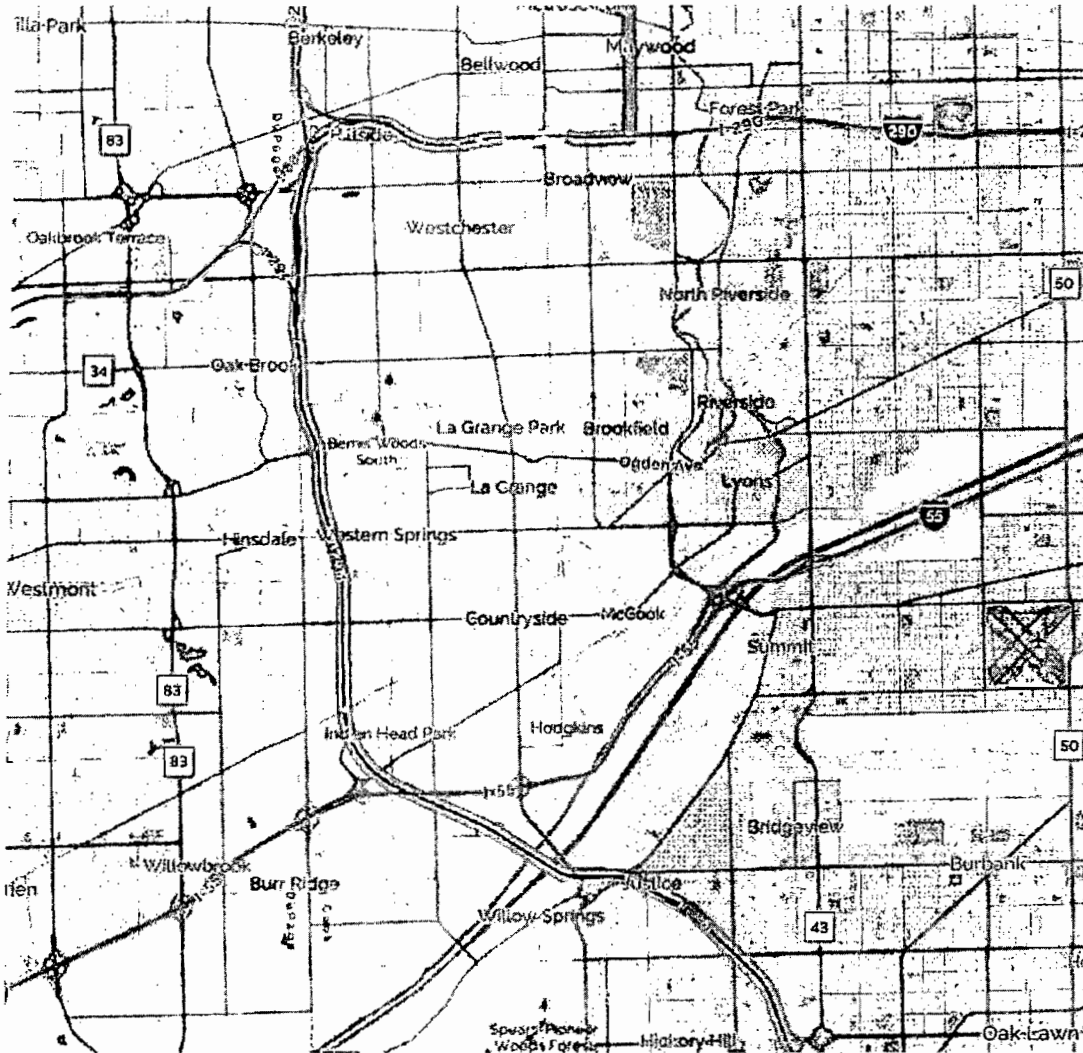


14. 1111 SUPERIOR ST is on the right.

Your destination is just past N 11th Ave.

If you reach N 12th Ave you've gone a little too far.

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1111 Superior St

9512 S
Roberts Rd,
9644

YOUR TRIP TO:



1201 W Roosevelt Rd, Maywood, IL 60153-4046

24 MIN | 18.8 MI

Trip time based on traffic conditions as of 12:57 PM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85 total mile
4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).
Then 13.07 miles 13.92 total mile
5. Take the IL-38 W/Roosevelt Road exit on the left.
Then 0.03 miles 13.95 total mile
6. Merge onto I-294 N/Tri State Tollway N (Portions toll).
Then 0.32 miles 14.27 total mile
7. Take the I-290 W exit toward I-290 E/Eisenhower Expy/Chicago/Rockford/US-20/IL-64.
Then 0.17 miles 14.44 total mile
8. Keep right to take the I-88 E ramp toward I-290 E/Eisenhower Expy/Chicago.
Then 0.36 miles 14.80 total mile
9. Merge onto Chicago-Kansas City Expressway E.
Then 2.99 miles 17.79 total mile
10. Take EXIT 19A toward 17th Ave.
Then 0.20 miles 17.99 total mile
11. Merge onto Bataan Dr.
Then 0.04 miles 18.02 total mile
12. Take the 1st right onto S 17th Ave.
If you reach S 16th Ave you've gone a little too far.
Then 0.45 miles 18.47 total mile
13. Turn left onto W Roosevelt Rd.
W Roosevelt Rd is 0.1 miles past Fillmore St.
If you reach W 13th St you've gone about 0.1 miles too far.
Then 0.32 miles 18.79 total mile

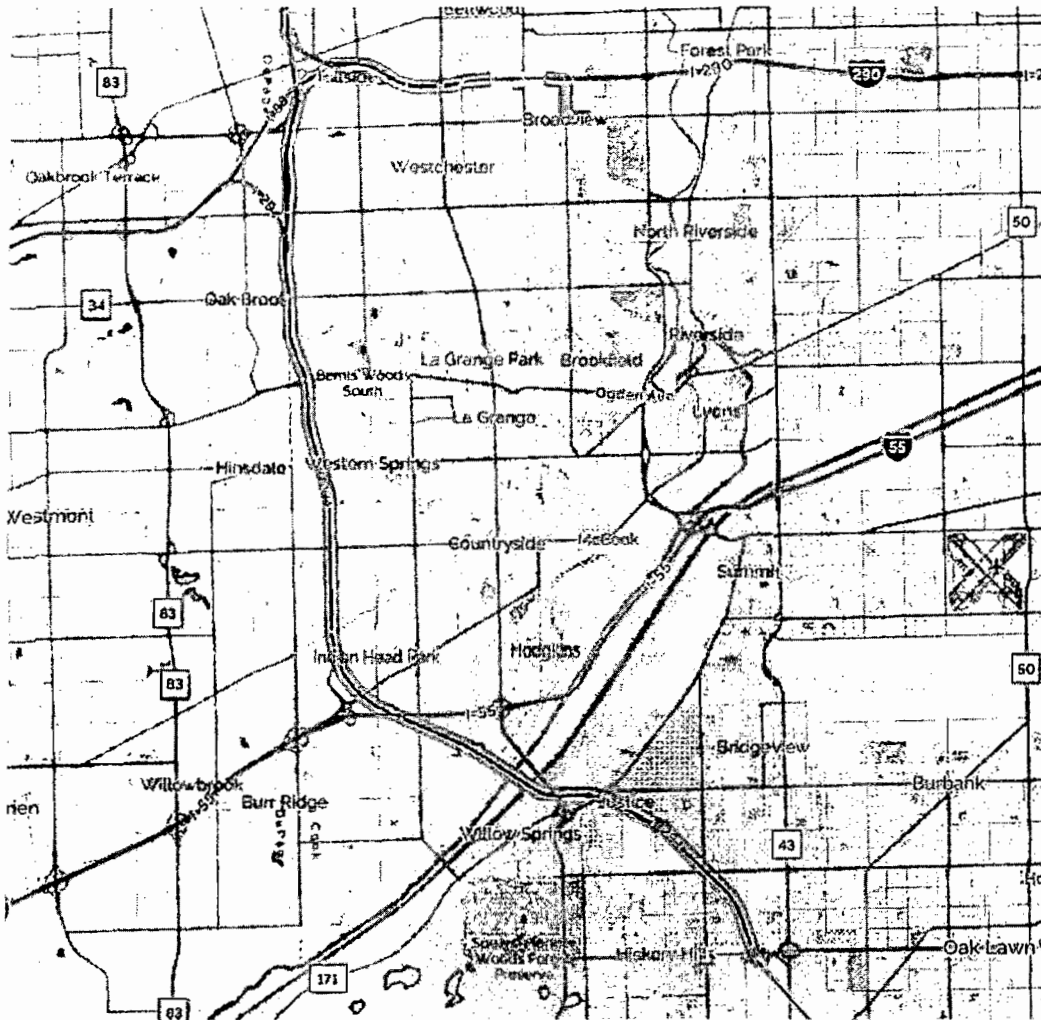


14. 1201 W ROOSEVELT RD is on the left.

Your destination is just past S 13th Ave.

If you reach S 12th Ave you've gone a little too far.

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1201 W
Roosevelt Rd,
Maywood, IL
60153-4046



9512 S
Roberts Rd,
9644

YOUR TRIP TO:



1213 Butterfield Rd, Downers Grove, IL 60515-1007

22 MIN | 18.4 MI

Trip time based on traffic conditions as of 12:26 PM on June 1, 2016. Current Traffic: Moderate



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08-total-mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13-miles 0.21-total-mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.64-miles 0.85-total-mile



4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).

Then 11.60 miles 12.45-total-mile



5. Take I-88 W toward Aurora (Portions toll).

Then 5.52 miles 17.96-total-mile



6. Take the Highland Ave exit.

Then 0.27 miles 18.24-total-mile



7. Keep left to take the ramp toward MIDWESTERN COLLEGE/Downers Grove.

Then 0.03 miles 18.26-total-mile



8. Stay straight to go onto Frontage Rd.

Then 0.01 miles 18.27-total-mile



9. Stay straight to go onto Butterfield Rd.

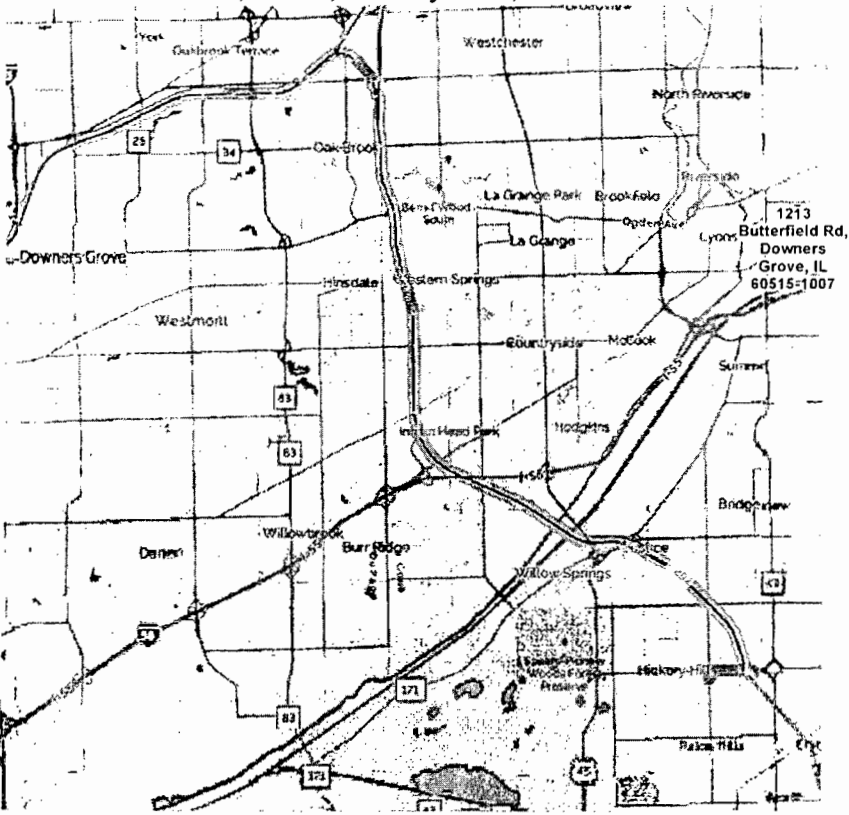
Then 0.13 miles 18.40-total-mile



10. 1213 BUTTERFIELD RD is on the left.

If you reach Downers Dr you've gone about 0.4 miles too far.

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9512 S
Roberts Rd
#9644

YOUR TRIP TO:

1600 16th St, Oak Brook, IL 60523-1302

32 MIN | 18.0 MI

Trip time based on traffic conditions as of 5:35 PM on May 31, 2016. Current Traffic: Moderate



Start of next leg of route:



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.10 miles 0.10 total mile:



2. Turn right onto Hickory Palos Sq.

If you reach W 97th St you've gone about 0.1 miles too far.

Then 0.27 miles 0.37 total mile:



3. Turn left onto W 95th St/US-20 W/US-12 W. Continue to follow W 95th St.

Then 4.19 miles 4.56 total mile:



4. Turn slight left onto Archer Ave/IL-171.

Then 2.34 miles 6.90 total mile:



5. Turn right onto State Route 83/IL-83. Continue to follow IL-83.

IL-83 is just past Derby Rd.

If you are on IL-171 and reach 107th St you've gone a little too far.

Then 11.03 miles 17.94 total mile:



6. Turn left onto 16th St.

16th St is 0.1 miles past Oakbrook Ctr.

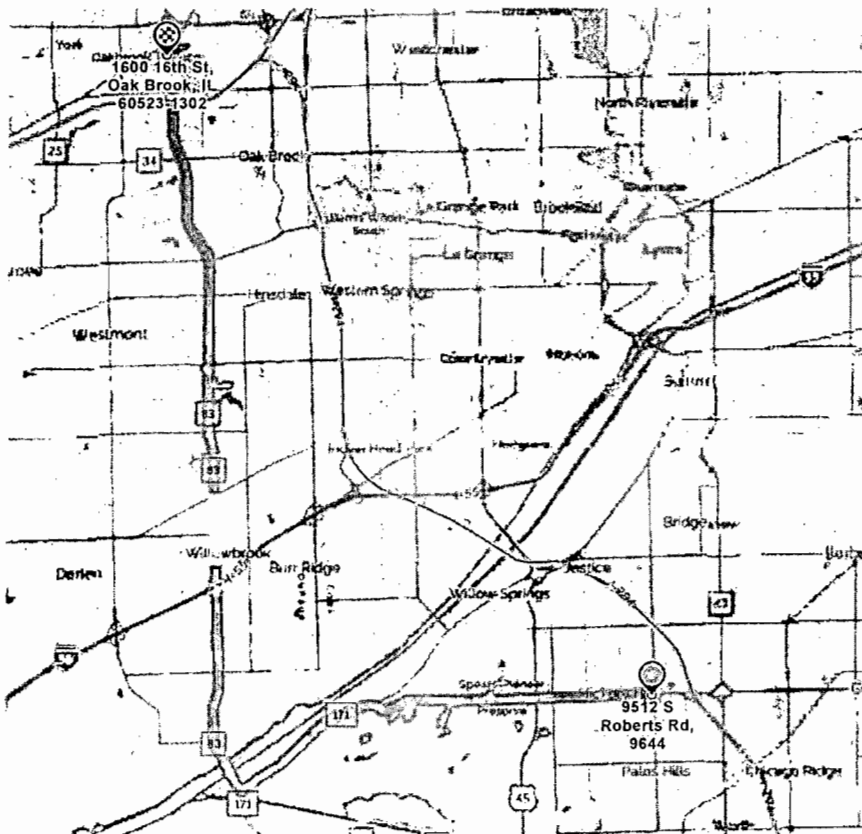
Then 0.06 miles 17.99 total mile:



7. 1600 16TH ST is on the right.

Your destination is just past State Route 83.

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YOUR TRIP TO:



1634 S Ardmore Ave, Villa Park, IL 60181

35 MIN | 19.8 MI

Trip time based on traffic conditions as of 5:36 PM on May 31, 2016. Current Traffic: Moderate

--- Start of next leg of route ---



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.10 miles 0.10 total mile:



2. Turn right onto Hickory Palos Sq.

If you reach W 97th St you've gone about 0.1 miles too far.

Then 0.27 miles 0.37 total mile:



3. Turn left onto W 95th St/US-20 W/US-12 W. Continue to follow W 95th St.

Then 4.19 miles 4.56 total mile:



4. Turn slight left onto Archer Ave/IL-171.

Then 2.34 miles 6.90 total mile:



5. Turn right onto State Route 83/IL-83. Continue to follow IL-83.

IL-83 is just past Derby Rd.

If you are on IL-171 and reach 107th St you've gone a little too far.

Then 11.57 miles 18.47 total mile:



6. Merge onto IL-38 W/Roosevelt Rd.

Then 1.23 miles 19.71 total mile:



7. Turn left onto S Ardmore Ave.

S Ardmore Ave is 0.2 miles past S Summit Ave.

If you reach S Michigan Ave you've gone about 0.3 miles too far.

Then 0.09 miles 19.80 total mile:



8. 1634 S ARDMORE AVE is on the right.

Your destination is just past Ardmore Ave.

If you reach Param Apartments you've gone a little too far.

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YOUR TRIP TO:

1717 S Wabash Ave, Chicago, IL 60616



28 MIN | 22.4 MI

Trip time based on traffic conditions as of 12:21 PM on June 1, 2016. Current Traffic: Moderate

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total-mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total-mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.64 miles 0.85 total-mile



4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll)
(Electronic toll collection only).

Then 5.23 miles 6.08 total-mile



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 14.93 miles 21.01 total-mile



6. Take the Cermak Rd exit, EXIT 293A, toward Chinatown.

Then 0.72 miles 21.73 total-mile



7. Turn right onto W Cermak Rd.

If you are on W Cermak Rd and reach S Wentworth Ave you've gone a little too far.

Then 0.29 miles 22.01 total-mile



8. Turn left onto S Wabash Ave.

S Wabash Ave is just past S State St.

If you reach S Michigan Ave you've gone a little too far.

Then 0.41 miles 22.42 total-mile

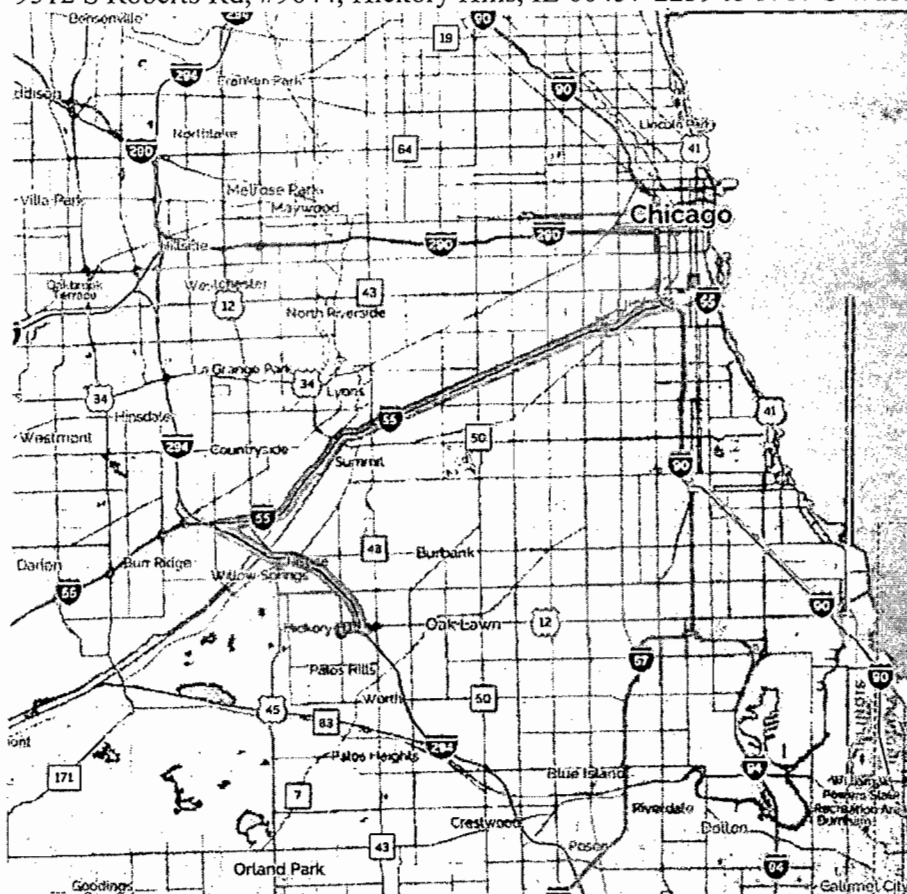


9. 1717 S WABASH AVE is on the right.

Your destination is just past E 18th St.

If you reach E 16th St you've gone about 0.1 miles too far.

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1717 S
Wabash Ave,
Chicago, IL
60616

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



1860 Silver Cross Blvd, New Lenox, IL 60451-9508

38 MIN | 21.5 MI

Trip time based on traffic conditions as of 5:22 PM on May 31, 2016. Current Traffic: Heavy

Start of next leg of route

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08-total-mile

2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.14 miles 0.22-total-mile

3. Take the 1st left onto W 95th St/US-20 W/US-12 W.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 1.68 miles 1.89-total-mile

4. Turn left onto La Grange Rd/US-45 S/US-20 E/US-12 E. Continue to follow US-45 S.
US-45 S is 0.1 miles past S Kean Ave.
Then 11.25 miles 13.14-total-mile

5. Merge onto I-80 W toward Joliet.
Then 5.41 miles 18.56-total-mile

6. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 140 toward Rockford (Portions toll).
Then 1.32 miles 19.87-total-mile

7. Take the US-6/Southwest Hwy exit, EXIT 1.
Then 0.51 miles 20.38-total-mile

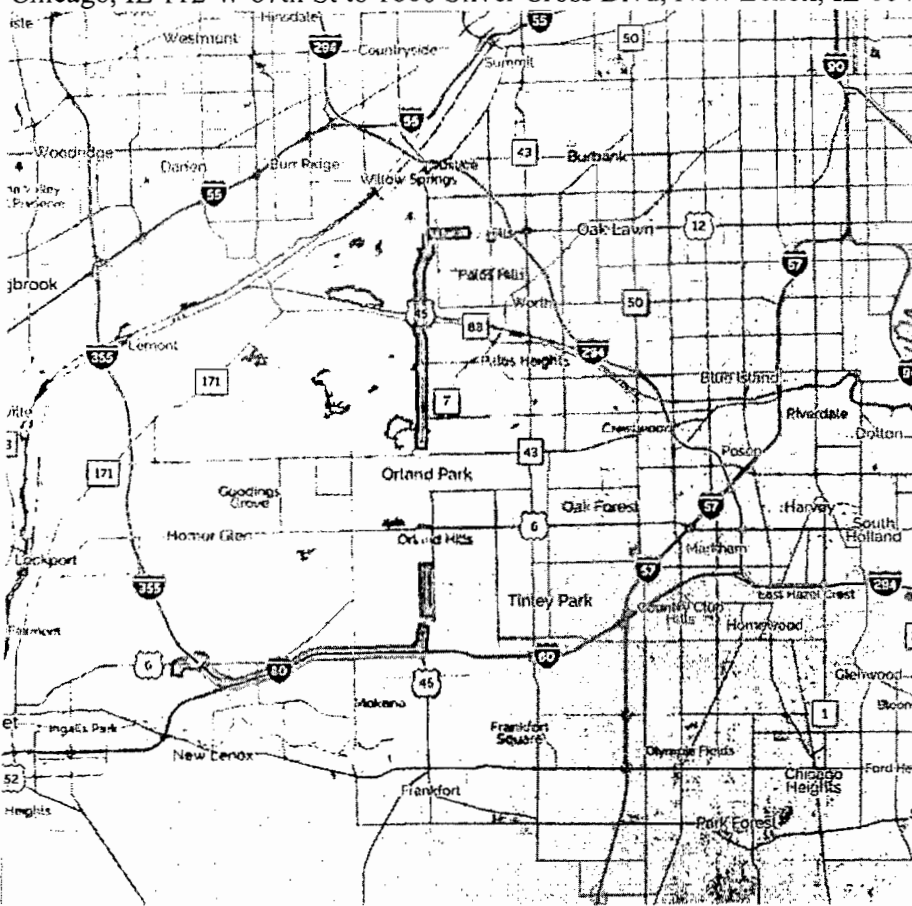
8. Merge onto US-6 W/Maple Rd toward Joliet.
Then 0.78 miles 21.16-total-mile

9. Turn left onto Silver Cross Blvd.
If you are on W Maple Rd and reach Spring Creek St you've gone about 0.2 miles too far.
Then 0.35 miles 21.51-total-mile

10. Make a U-turn onto Silver Cross Blvd.
If you reach Abraham Dr you've gone about 0.6 miles too far.
Then 0.01 miles 21.52-total-mile

11. 1860 SILVER CROSS BLVD is on the right.
If you reach Clinton St you've gone about 0.2 miles too far.

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9512 S
Roberts Rd,
#9644

1860 Silver
Cross Blvd,
New Lenox, IL
60451-9508

YOUR TRIP TO:



1940 Springer Dr, Lombard, IL 60148-6417

39 MIN | 21.6 MI

Trip time based on traffic conditions as of 5:34 PM on May 31, 2016. Current Traffic: Moderate

Start of next leg of route

1. Start out going south on S Roberts Rd toward Hickory Palos Sq.
Then 0.10 miles 0.10 total mile
- 2. Turn right onto Hickory Palos Sq.
If you reach W 97th St you've gone about 0.1 miles too far.
Then 0.27 miles 0.37 total mile
- ↙ 3. Turn left onto W 95th St/US-20 W/US-12 W. Continue to follow W 95th St.
Then 4.19 miles 4.56 total mile
- ↙ 4. Turn slight left onto Archer Ave/IL-171.
Then 2.34 miles 6.90 total mile
- 5. Turn right onto State Route 83/IL-83. Continue to follow IL-83.
IL-83 is just past Derby Rd.
If you are on IL-171 and reach 107th St you've gone a little too far.
Then 10.55 miles 17.45 total mile
- ↙ 6. Turn left onto W 22nd St.
If you are on State Route 83 and reach Oakbrook Ctr you've gone about 0.3 miles too far.
Then 1.73 miles 19.18 total mile
- 7. Turn right onto Meyers Rd/County Hwy-25.
Meyers Rd is 0.1 miles past N Tower Rd.
Then 0.22 miles 19.40 total mile
- ↙ 8. Turn left onto E 22nd St.
E 22nd St is just past N Tower Rd.
If you are on County Hwy-25 and reach E 18th St you've gone about 0.2 miles too far.
Then 1.76 miles 21.15 total mile
- 9. Turn right onto S Finley Rd.
S Finley Rd is just past S Edison St.
If you are on 22nd St and reach Avondale Ln you've gone a little too far.
Then 0.14 miles 21.30 total mile
- ↙ 10. Turn left onto Foxworth Blvd.
If you reach Oak Creek Dr you've gone about 0.2 miles too far.
Then 0.15 miles 21.44 total mile
- 11. Turn right onto Springer Dr.
Then 0.11 miles 21.55 total mile



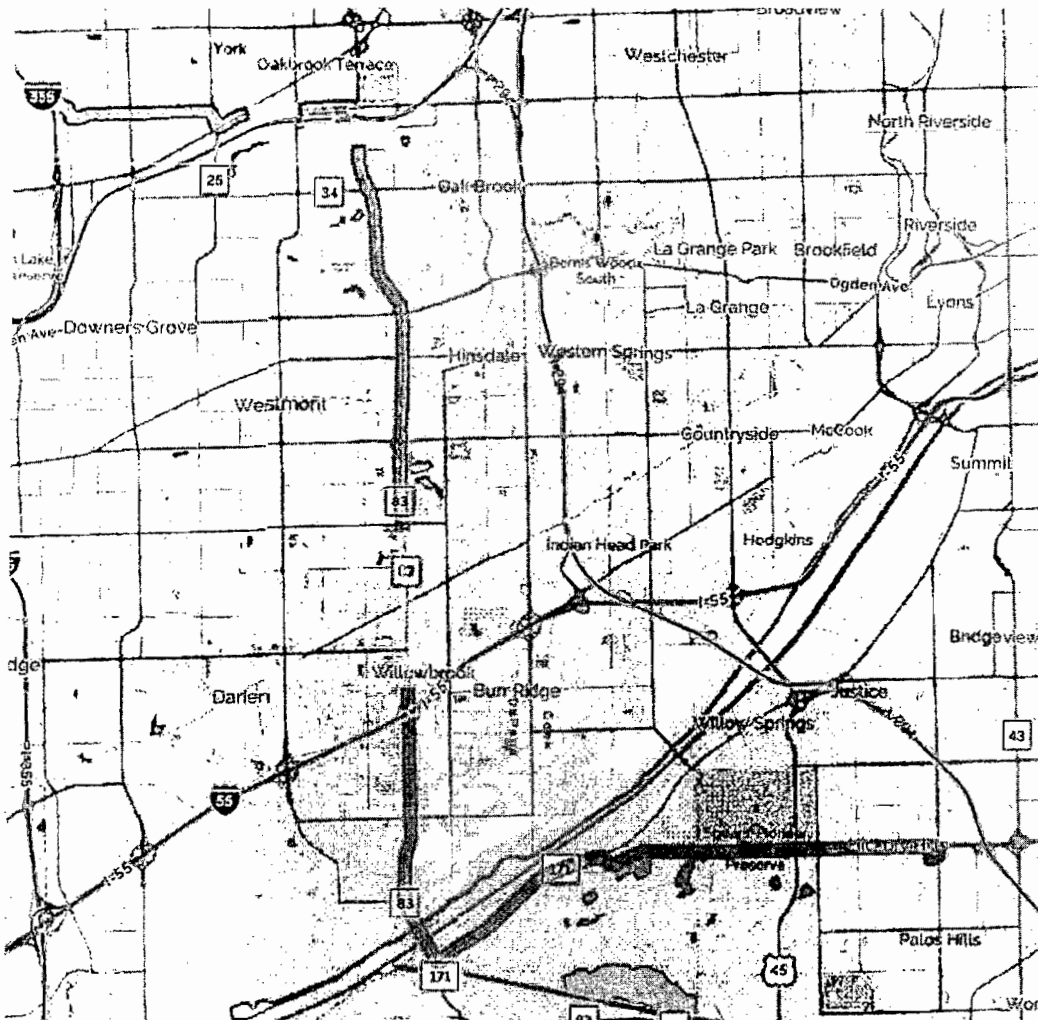
12. 1940 SPRINGER DR is on the left.

If you reach Oak Creek Dr you've gone about 0.1 miles too far.



1940 Springer
Dr, Lombard,
IL 60148-6417

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9512 S
Roberts Rd,
9644

YOUR TRIP TO:

2335 W Cermak Rd, Chicago, IL 60608



25 MIN | 17.7 MI

Trip time based on traffic conditions as of 12:20 PM on June 1, 2016. Current Traffic: Light

Start of next leg-of-route

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:

2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.14 miles 0.22 total mile:

3. Take the 1st left onto W 95th St/US-20 W/US-12 W.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 1.75 miles 1.97 total mile:

4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.
La Grange Rd is 0.2 miles past S Kean Ave.
Then 3.15 miles 5.12 total mile:

5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.
Then 10.11 miles 15.23 total mile:

6. Take the California Ave exit, EXIT 289, toward 2800 W.
Then 0.26 miles 15.49 total mile:

7. Keep right at the fork in the ramp.
Then 0.24 miles 15.72 total mile:

8. Keep left at the fork in the ramp.
Then 0.02 miles 15.74 total mile:

9. Turn left onto S California Ave.
Then 0.92 miles 16.66 total mile:

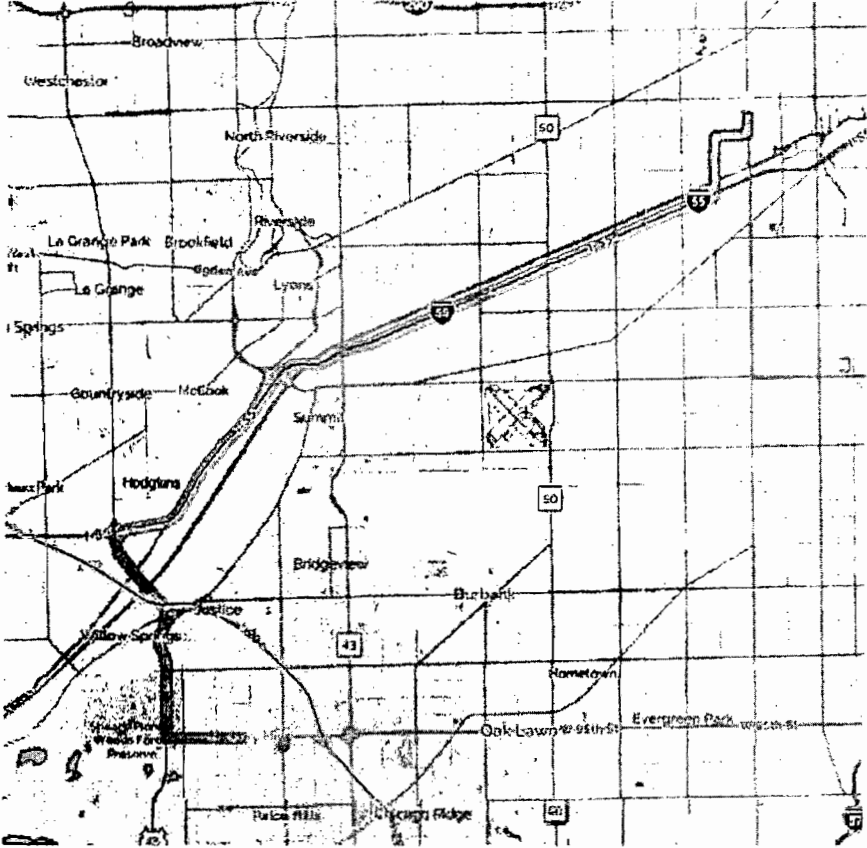
10. Turn right onto W 26th St.
W 26th St is 0.1 miles past W 27th St.
If you reach W 25th Pl you've gone a little too far.
Then 0.50 miles 17.17 total mile:

11. Turn left onto S Western Ave.
S Western Ave is 0.2 miles past S Rockwell St.
If you are on S Blue Island Ave and reach S Claremont Ave you've gone a little too far.
Then 0.50 miles 17.66 total mile:

12. Turn right onto W Cermak Rd.
W Cermak Rd is just past W 22nd Pl.
If you reach W 21st Pl you've gone a little too far.
Then 0.04 miles 17.70 total mile:

13. 2335 W CERMAK RD.
If you reach S Oakley Ave you've gone a little too far.

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2335 W
Cermak Rd,
Chicago, IL
60608

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:

2400 Wolf Rd, Westchester, IL 60154

28 MIN | 12.7 MI 

Trip time based on traffic conditions as of 5:34 PM on May 31, 2016. Current Traffic: Heavy



Start of next-leg of route



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.10 miles 0.10 total mile



2. Turn right onto Hickory Palos Sq.

If you reach W 97th St you've gone about 0.1 miles too far.

Then 0.27 miles 0.37 total mile



3. Turn left onto W 95th St/US-20 W/US-12 W.

Then 1.65 miles 2.02 total mile



4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 5.35 miles 7.36 total mile



5. Turn left onto W 55th St.

W 55th St is 0.1 miles past W 56th St.

If you reach E Bob O Link Dr you've gone about 0.1 miles too far.

Then 1.50 miles 8.87 total mile



6. Turn right onto Wolf Rd.

Wolf Rd is 0.3 miles past Laurel Ave.

If you are on 55th St and reach Lawn Ave you've gone a little too far.

Then 3.79 miles 12.65 total mile



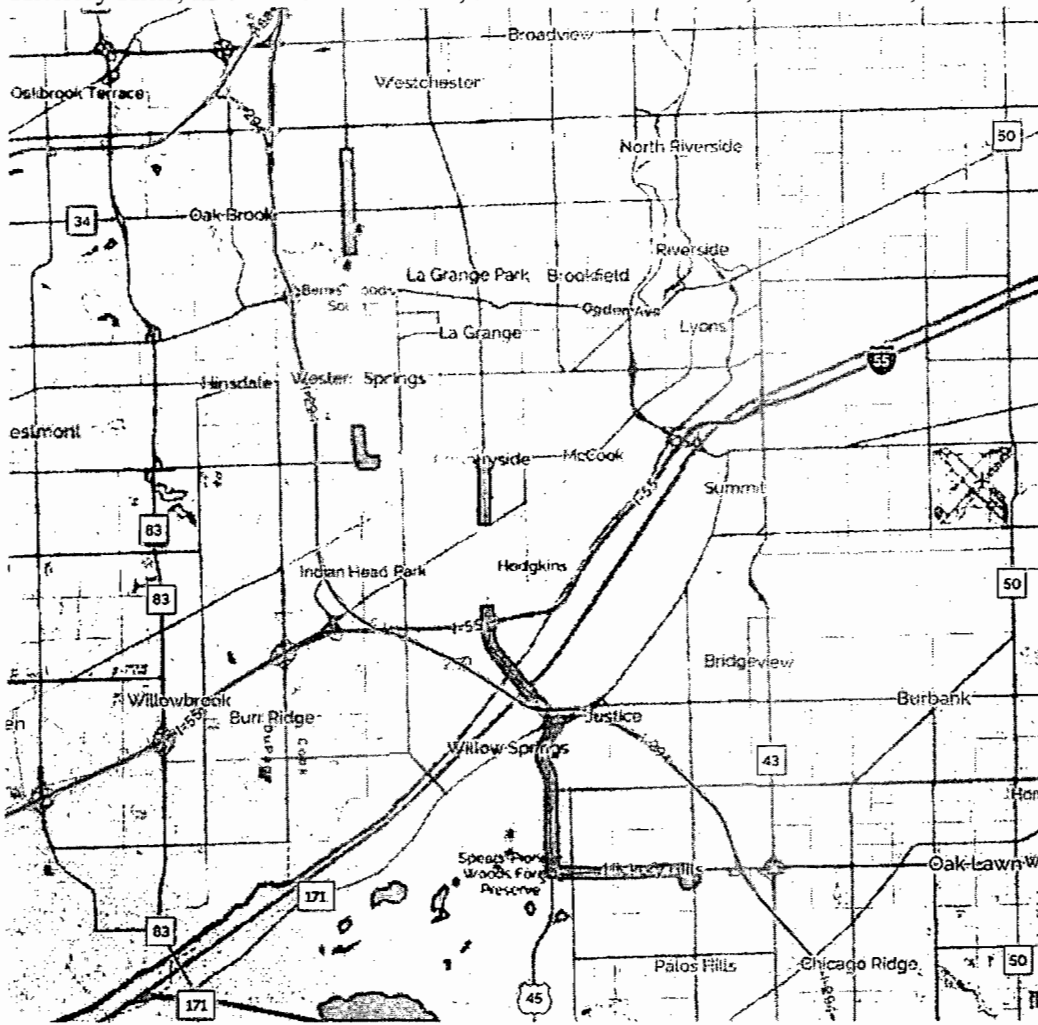
7. 2400 WOLF RD is on the left.

Your destination is just past Windsor Dr.

If you reach Westbrook Corporate Ctr you've gone a little too far.

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9512 S
Roberts Rd,
9644

YOUR TRIP TO:

2534 W 69th St, Chicago, IL 60629

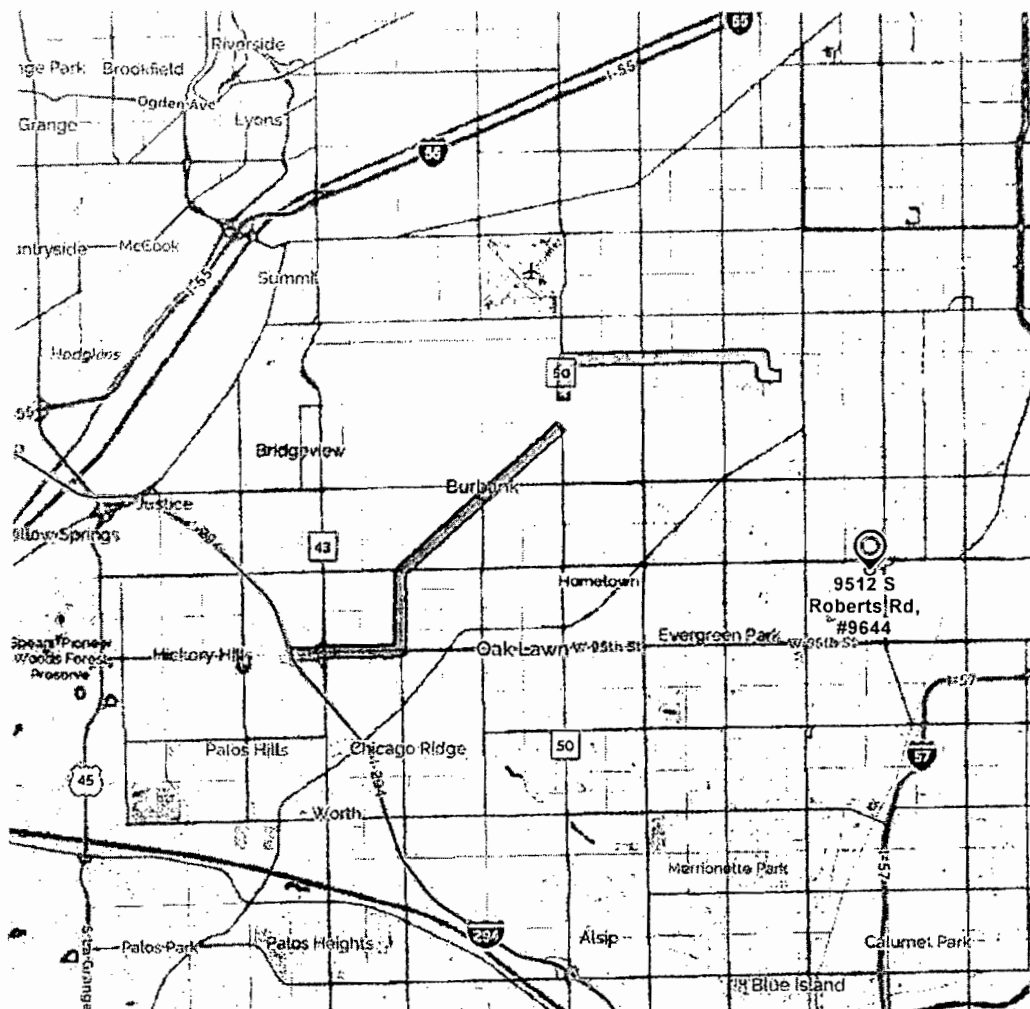


23 MIN | 9.6 MI

Trip time based on traffic conditions as of 11:38 AM on June 1, 2016. Current Traffic: Moderate

- Start of next leg of route
1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile
 2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile
 3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 1.97 miles 2.18 total mile
 4. Turn left onto Ridgeland Ave.
Ridgeland Ave is 0.1 miles past Chicago Ridge Mall.
If you reach Marion Ave you've gone a little too far.
Then 1.01 miles 3.18 total mile
 5. Ridgeland Ave becomes State Rd.
Then 2.63 miles 5.82 total mile
 6. Turn left onto S Cicero Ave/IL-50.
Then 0.81 miles 6.62 total mile
 7. Turn right onto W Marquette Rd.
W Marquette Rd is 0.6 miles past W 72nd St.
If you are on S Cicero Ave and reach W 66th St you've gone a little too far.
Then 2.52 miles 9.14 total mile
 8. Turn right onto S California Ave.
S California Ave is just past S Mozart St.
If you reach S Fairfield Ave you've gone a little too far.
Then 0.25 miles 9.39 total mile
 9. Turn left onto W Lithuanian Plaza Ct.
W Lithuanian Plaza Ct is 0.1 miles past W 68th St.
If you reach W 70th St you've gone about 0.1 miles too far.
Then 0.13 miles 9.52 total mile
 10. W Lithuanian Plaza Ct becomes W 69th St.
Then 0.13 miles 9.65 total mile
 11. 2534 W 69TH ST.
Your destination is just past S Talman Ave.
If you are on W Lithuanian Plaza Ct and reach S Maplewood Ave you've gone a little too far.

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2534 W 69th
St, Chicago, IL
60629

YOUR TRIP TO:

2601 S Harlem Ave, Berwyn, IL 60402



23 MIN | 13.8 MI

Trip time based on traffic conditions as of 12:42 PM on June 1, 2016. Current Traffic: Moderate

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.14 miles 0.22 total mile:



3. Take the 1st left onto W 95th St/US-20 W/US-12 W.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.75 miles 1.97 total mile:



4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 3.15 miles 5.12 total mile:



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 3.56 miles 8.68 total mile:



6. Merge onto IL-171 N via EXIT 282B toward 1st Ave.

Then 3.19 miles 11.87 total mile:



7. Turn right onto Forest Ave.

Forest Ave is just past Parkview Rd.

If you reach W 31st St you've gone about 0.5 miles too far.

Then 0.47 miles 12.35 total mile:



8. Turn left onto Longcommon Rd.

Then 1.26 miles 13.61 total mile:



9. Turn left onto Harlem Ave/IL-43.

Harlem Ave is just past Byrd Rd.

If you are on Riverside Dr and reach Maple Ave you've gone a little too far.

Then 0.15 miles 13.76 total mile:

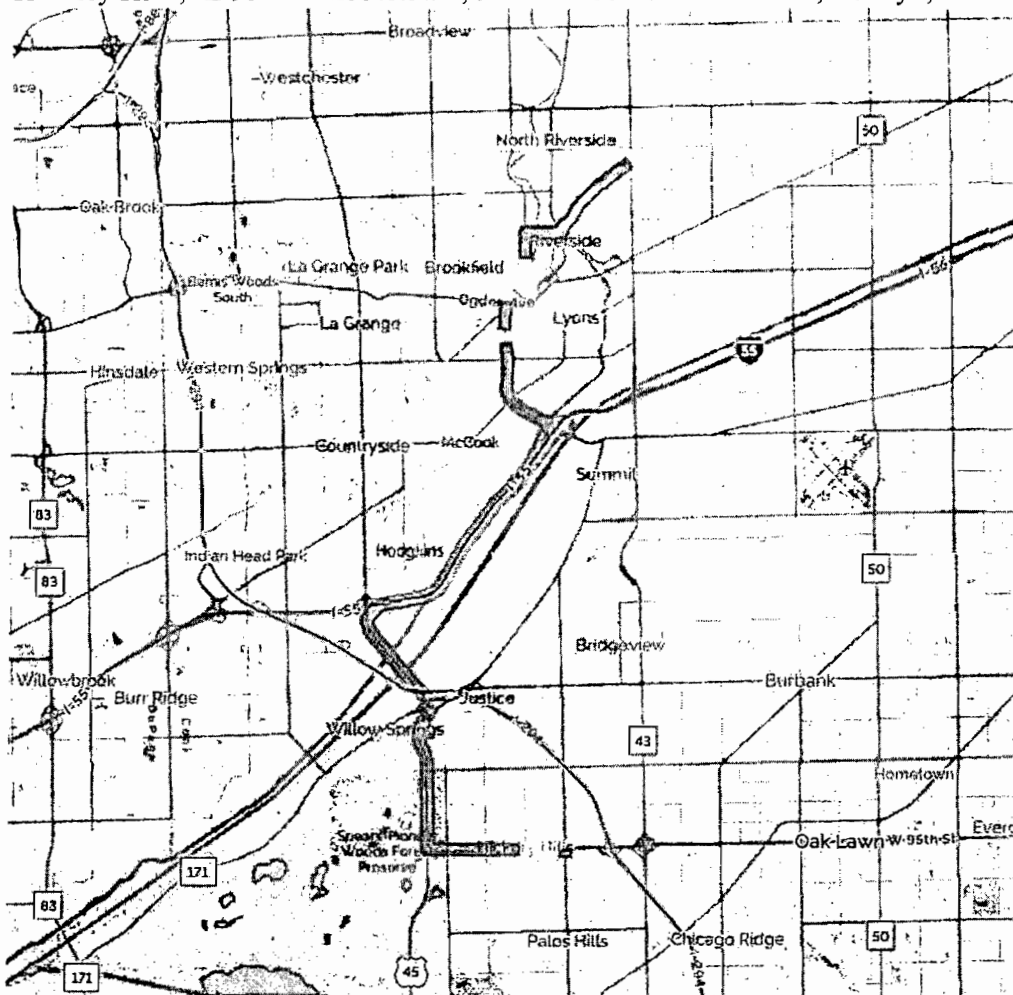


10. 2601 S HARLEM AVE is on the right.

Your destination is 0.1 miles past Harlem Ave.

If you reach 26th St you've gone a little too far.

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2601 S Harlem
Ave, Berwyn,
IL 60402

9512 S
Roberts Rd,
9644

YOUR TRIP TO:

2798 W 15th Pl, Chicago, IL 60608-1704



26 MIN | 18.0 MI

Trip time based on traffic conditions as of 12:20 PM on June 1, 2016. Current Traffic: Light

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0:08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0:14 miles 0.22 total mile:



3. Take the 1st left onto W 95th St/US-20 W/US-12 W.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1:75 miles 4:97 total mile:



4. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 3:15 miles 5:12 total mile:



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 10:11 miles 15:23 total mile:



6. Take the California Ave exit, EXIT 289, toward 2800 W.

Then 0:26 miles 15:49 total mile:



7. Keep right at the fork in the ramp.

Then 0:24 miles 15:72 total mile:



8. Keep left at the fork in the ramp.

Then 0:02 miles 15:74 total mile:



9. Turn left onto S California Ave.

Then 1:92 miles 17:66 total mile:



10. Turn right onto W 16th St.

W 16th St is 0.1 miles past W 18th St.

If you reach W 15th Place Dr you've gone a little too far.

Then 0:13 miles 17:79 total mile:



11. Take the 1st left onto S Washtenaw Ave.

S Washtenaw Ave is just past S Fairfield Ave.

If you reach S Rockwell St you've gone about 0.1 miles too far.

Then 0:07 miles 17:86 total mile:



12. Take the 1st left onto W 15th Pl.

If you reach W 15th St you've gone a little too far.

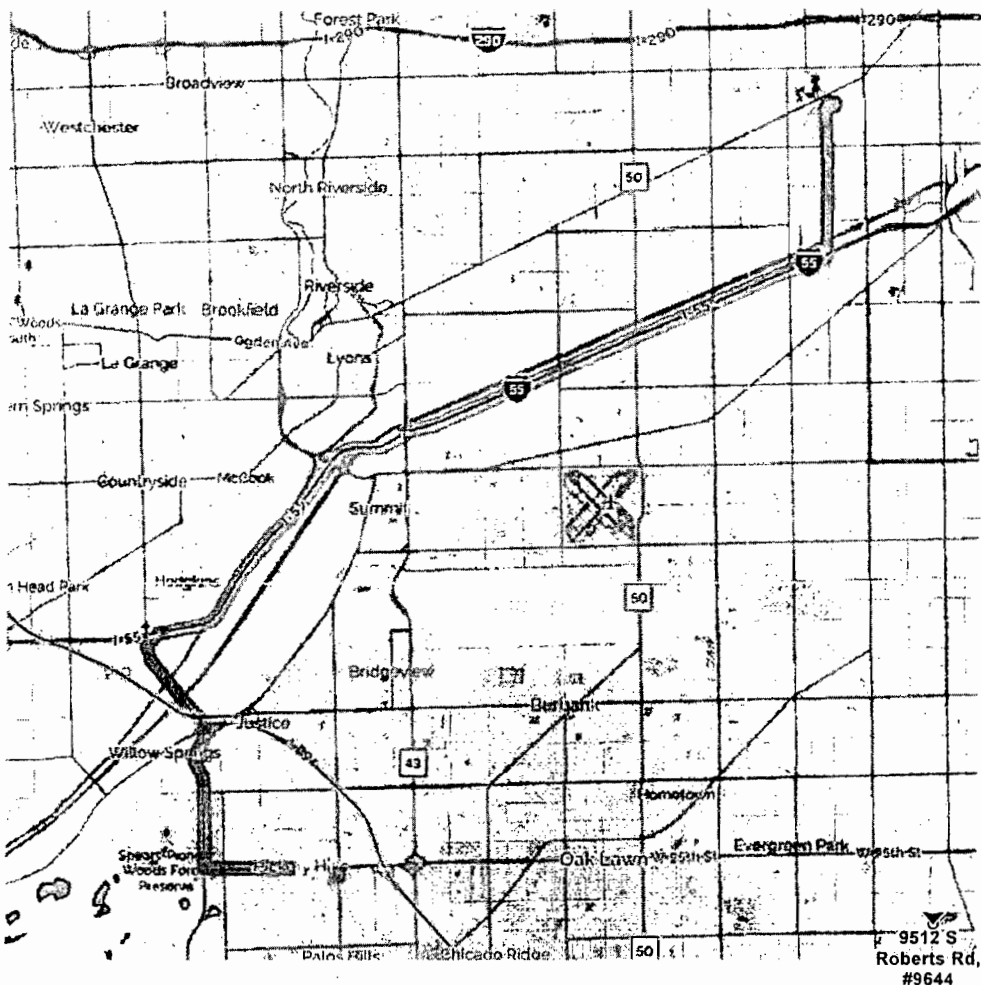
Then 0:13 miles 17:99 total mile:



13. 2798 W 15TH PL is on the right.

If you reach S California Ave you've gone a little too far.

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2798 W 15th
Pl, Chicago, IL
60608-1704

YOUR TRIP TO:

3000 S Cicero Ave, Cicero, IL 60804-3638



21 MIN | 16.5 MI

Trip time based on traffic conditions as of 12:18 PM on June 1, 2016. Current Traffic: Moderate

--- Start of next leg of route

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile

2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile

3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85 total mile

4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll)
(Electronic toll collection only).
Then 5.23 miles 6.08 total mile

5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.
Then 8.61 miles 14.69 total mile

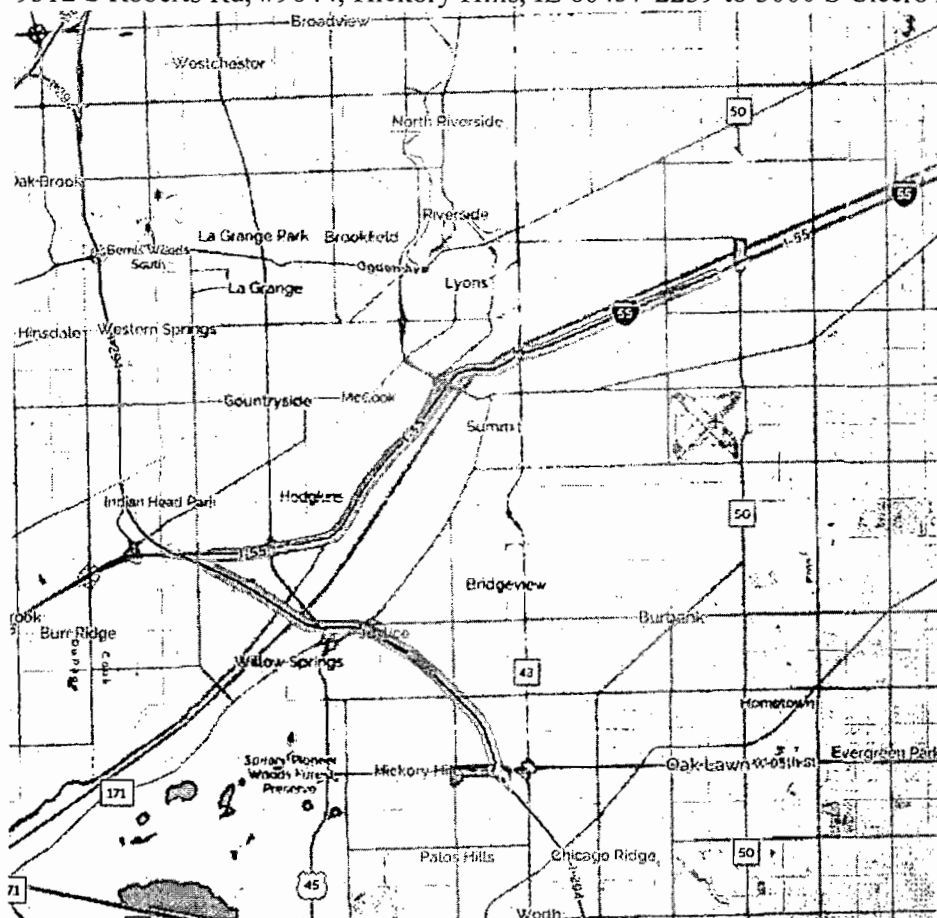
6. Take the IL-50/Cicero Ave exit, EXIT 286, toward 4800 W.
Then 0.33 miles 15.01 total mile

7. Turn left onto IL-50/S Cicero Ave.
Then 1.51 miles 16.52 total mile

8. Make a U-turn at W 30th St onto S Cicero Ave/IL-50.
If you reach W 29th St you've gone about 0.1 miles too far.
Then 0.01 miles 16.53 total mile

9. 3000 S CICERO AVE is on the right.
If you reach W 31st St you've gone about 0.1 miles too far.

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3000 S Cicero
Ave, Cicero, IL
60804-3638

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:

3059 W 26th St, Chicago, IL 60623



23 MIN | 19.0 MI

Trip time based on traffic conditions as of 12:19 PM on June 1, 2016. Current Traffic: Light

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.64 miles 0.85 total mile:



4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll)
(Electronic toll collection only).

Then 5.23 miles 6.08 total mile:



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 11.12 miles 17.20 total mile:



6. Take the California Ave exit, EXIT 289, toward 2800 W.

Then 0.26 miles 17.46 total mile:



7. Keep right at the fork in the ramp.

Then 0.24 miles 17.70 total mile:



8. Keep left at the fork in the ramp.

Then 0.02 miles 17.72 total mile:



9. Turn left onto S California Ave.

Then 0.92 miles 18.64 total mile:



10. Turn left onto W 26th St.

W 26th St is 0.1 miles past W 27th St.

If you reach W 25th Pl you've gone a little too far.

Then 0.35 miles 18.99 total mile:

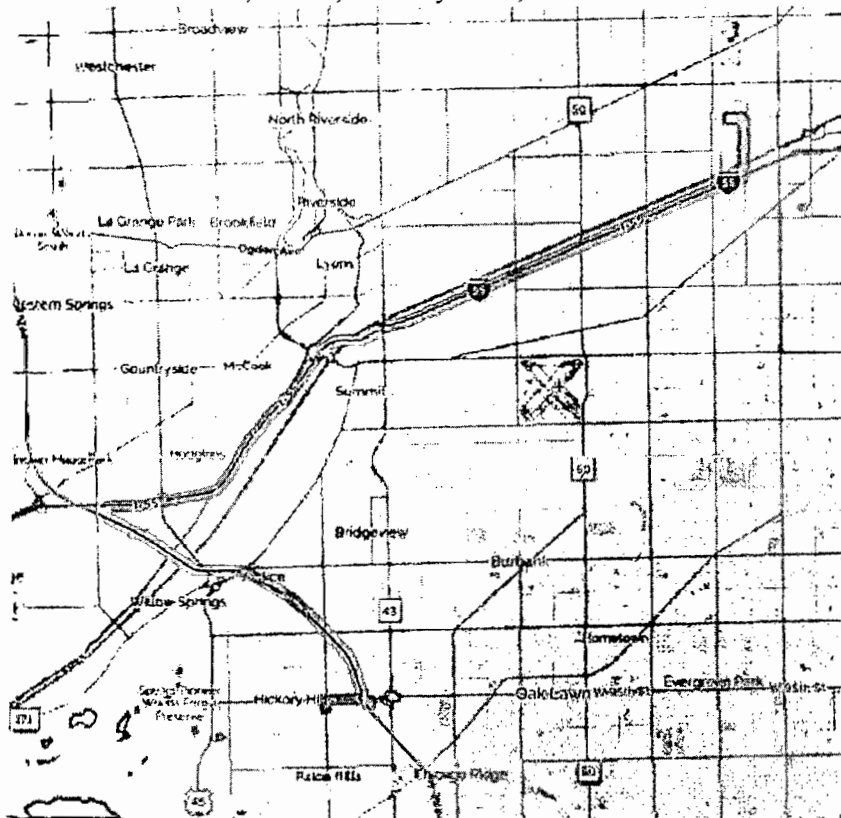


11. 3059 W 26TH ST is on the left.

Your destination is just past S Whipple St.

If you reach S Albany Ave you've gone a little too far.

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3059 W 26th
St, Chicago, IL
60623

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



3401 W 111th St, Chicago, IL 60655-3329

17 MIN | 7.7 MI

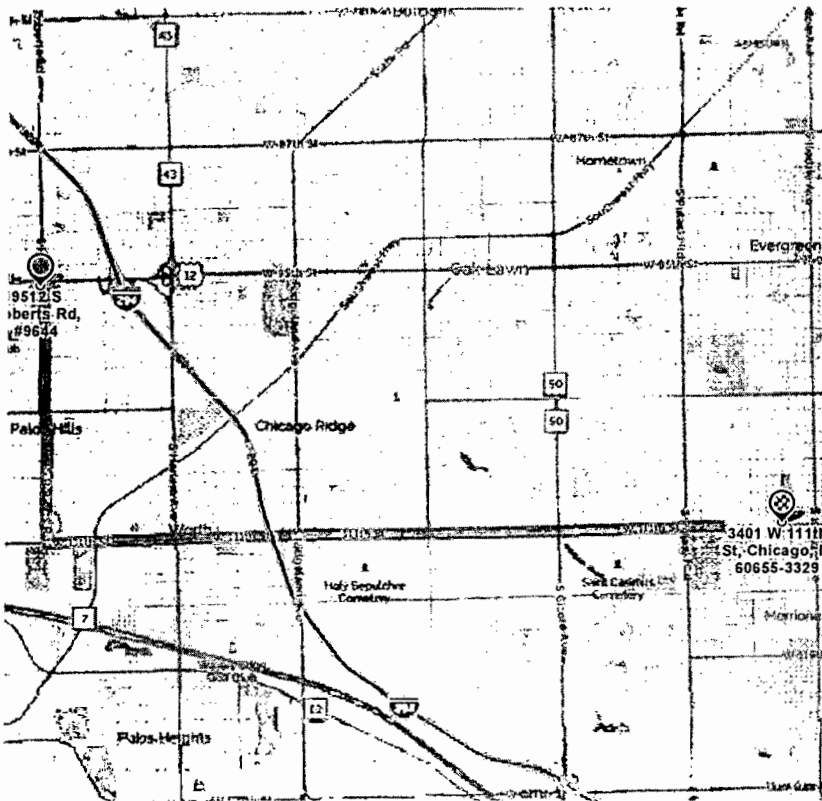
Trip time based on traffic conditions as of 11:27 AM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd toward Hickory Palos Sq.
Then 1.97 miles.....1.97 total mile

2. Turn left onto W 111th St.
W 111th St is 0.1 miles past Valley Dr.
If you reach W 111th Pl you've gone a little too far.
Then 5.75 miles.....7.72 total mile

3. 3401 W 111TH ST is on the right.
Your destination is just past S Trumbull Ave.
If you reach S Homan Ave you've gone a little too far.

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YOUR TRIP TO:



3470 W 183rd St, Hazel Crest, IL 60429

22 MIN | 17.2 MI

Trip time based on traffic conditions as of 12:30 PM on June 1, 2016. Current Traffic: Light

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles 0.64 total mile:



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles 0.65 total mile:



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles 0.72 total mile:



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles 0.72 total mile:



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 11.67 miles 12.39 total mile:



8. Take the exit toward I-57/I-80 W/Iowa.

Then 0.43 miles 12.82 total mile:



9. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward I-80

E/Indiana (Portions toll).

Then 0.45 miles 13.28 total mile:



10. Merge onto I-80 E toward Dixie Hwy (Portions toll).

Then 0.57 miles 13.85 total mile:



11. Take the Dixie Hwy exit.

Then 0.22 miles 14.07 total mile:



12. Turn right onto Dixie Hwy.

Then 0.39 miles 14.46 total mile:

→ 13. Take the 1st right onto 175th St.

175th St is 0.1 miles past Cheker Sq.

If you reach Spruce Rd you've gone a little too far.

Then 0.75 miles 15.21 total mile:

↵ 14. Turn left onto Governors Hwy.

Governors Hwy is 0.1 miles past Palmer Blvd.

If you reach Butternut Rd you've gone a little too far.

Then 1.03 miles 16.24 total mile:

→ 15. Turn right onto 183rd St.

183rd St is 0.2 miles past Dolphin Lake Dr.

If you are on Governors Hwy and reach Cherry Creek Dr you've gone about 0.1 miles too far.

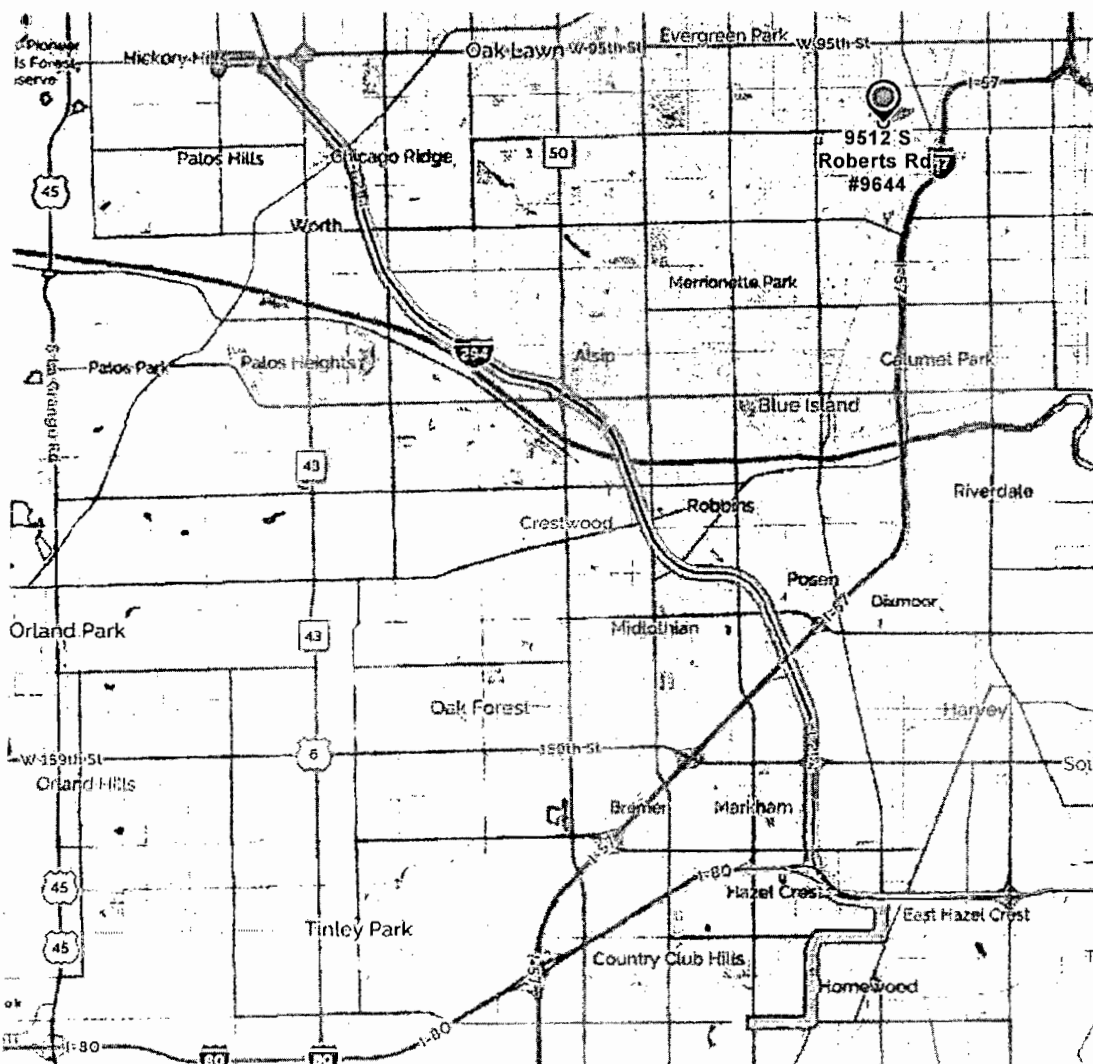
Then 0.95 miles 17.19 total mile:

📍 16. 3470 W 183RD ST.

Your destination is just past Brentwood Dr.

If you reach Village West Dr you've gone about 0.1 miles too far.

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YOUR TRIP TO:



3934 W 24th St, Chicago, IL 60623-3073

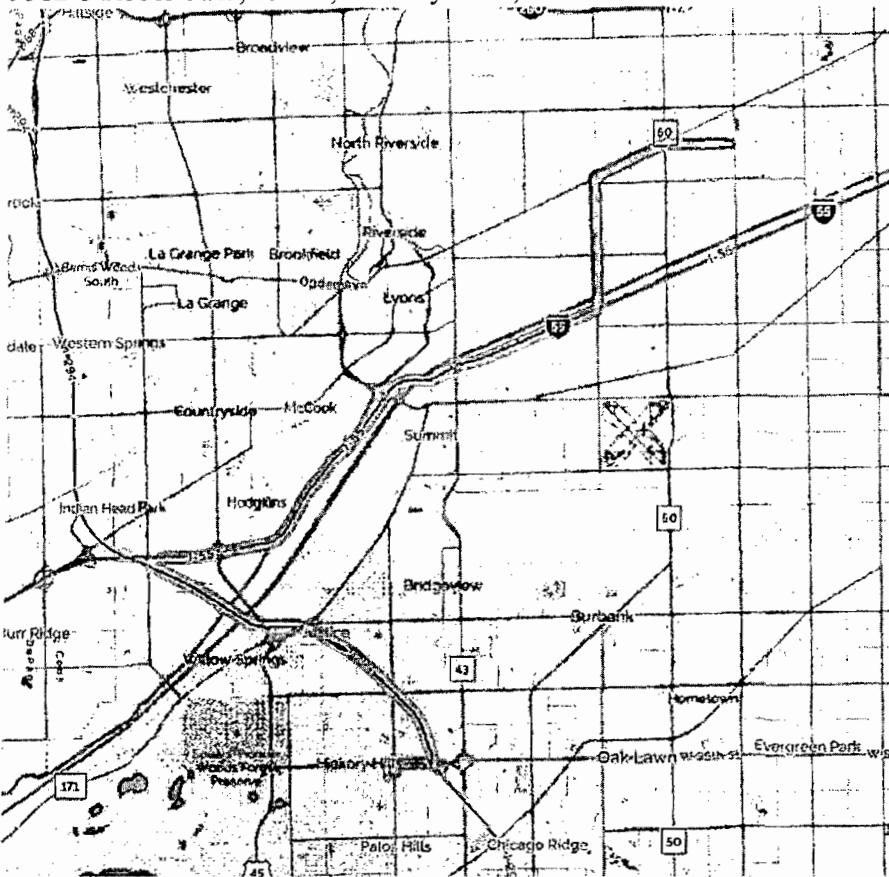
27 MIN | 18.2 MI

Trip time based on traffic conditions as of 12:18 PM on June 1, 2016. Current Traffic: Light

Start of next leg of route

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08-total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21-total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.64 miles 0.85-total mile:
4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll)
(Electronic toll collection only).
Then 5.23 miles 6.08-total mile:
5. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.
Then 7.49 miles 13.57-total mile:
6. Take the Central Ave exit, EXIT 285, toward 5600 W.
Then 0.32 miles 13.89-total mile:
7. Keep left at the fork in the ramp.
Then 0.05 miles 13.94-total mile:
8. Turn slight left onto S Central Ave.
Then 1.83 miles 15.77-total mile:
9. Turn right onto W Ogden Ave.
Then 1.12 miles 16.89-total mile:
10. W Ogden Ave becomes W Ogdon Ave.
Then 0.12 miles 17.01-total mile:
11. Turn right onto W 26th St.
Then 0.89 miles 17.89-total mile:
12. Turn left onto S Pulaski Rd.
S Pulaski Rd is just past S Komensky Ave.
If you reach S Harding Ave you've gone a little too far.
Then 0.25 miles 18.15-total mile:
13. Turn right onto W 24th St.
W 24th St is just past W 24th Pl.
If you reach W Ogden Ave you've gone about 0.2 miles too far.
Then 0.06 miles 18.20-total mile:
14. 3934 W 24TH ST is on the left.
If you reach S Harding Ave you've gone a little too far.

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3934 W 24th
St, Chicago, IL
60623-3073

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:

4215 167th St, Country Club Hills, IL 60478-2017



21 MIN | 14.2 MI

Trip time based on traffic conditions as of 6:33 PM on May 31, 2016. Current Traffic: Heavy



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles 0.64 total mile



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles 0.65 total mile



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles 0.72 total mile



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles 0.72 total mile



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 9.46 miles 10.19 total mile



8. Merge onto I-57 S via EXIT 8 toward Memphis (Electronic toll collection only).

Then 2.92 miles 13.10 total mile



9. Take the 167th St exit, EXIT 346.

Then 0.22 miles 13.32 total mile



10. Keep left to take the 167th St E ramp.

Then 0.16 miles 13.48 total mile



11. Keep straight to take the 167th St E ramp.

Then 0.06 miles 13.53 total mile



12. Keep straight to take the 167th St E ramp.

Then 0.03 miles 13.56 total mile



13. Keep straight to take the 167th St E ramp.

Then 0.05 miles 13.61 total mile



14. Keep right to take the 167th St E ramp.

Then 0.24 miles 13.85 total mile



15. Merge onto 167th St.

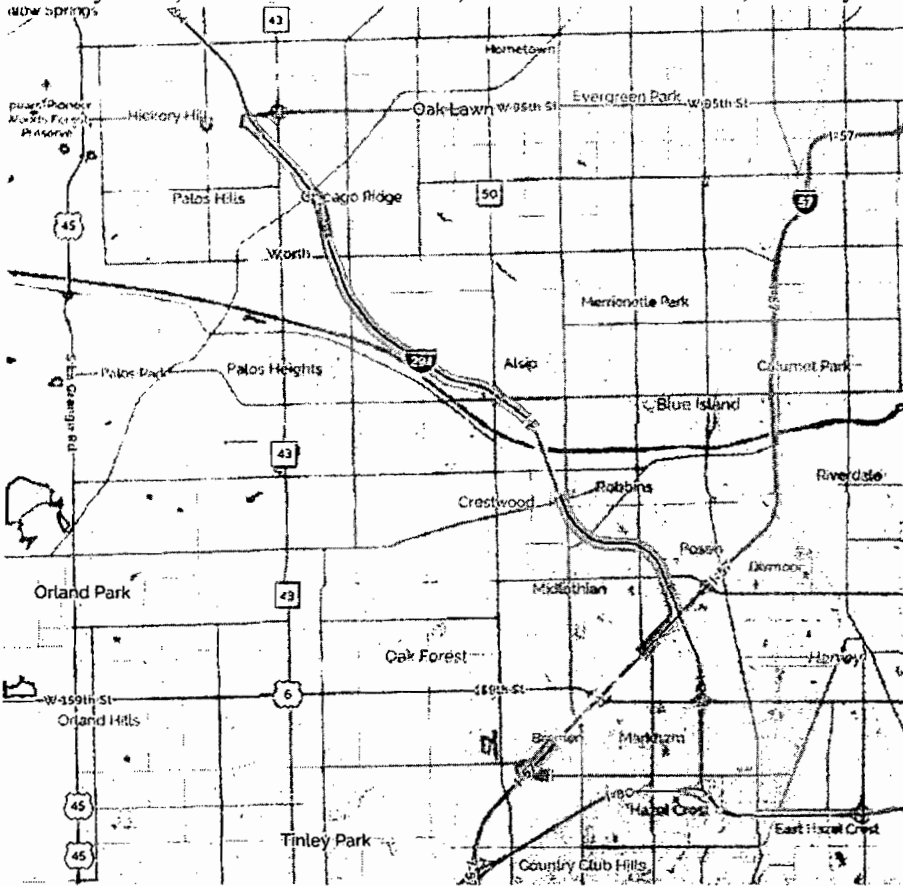
Then 0.39 miles 14.24 total mile



16. 4215 167TH ST.

If you reach Kilbourne Ave you've gone about 0.1 miles too far.

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9512 S
Roberts Rd,
9644

4215 167th St,
Country Club
Hills, IL 60478-
2017

YOUR TRIP TO:



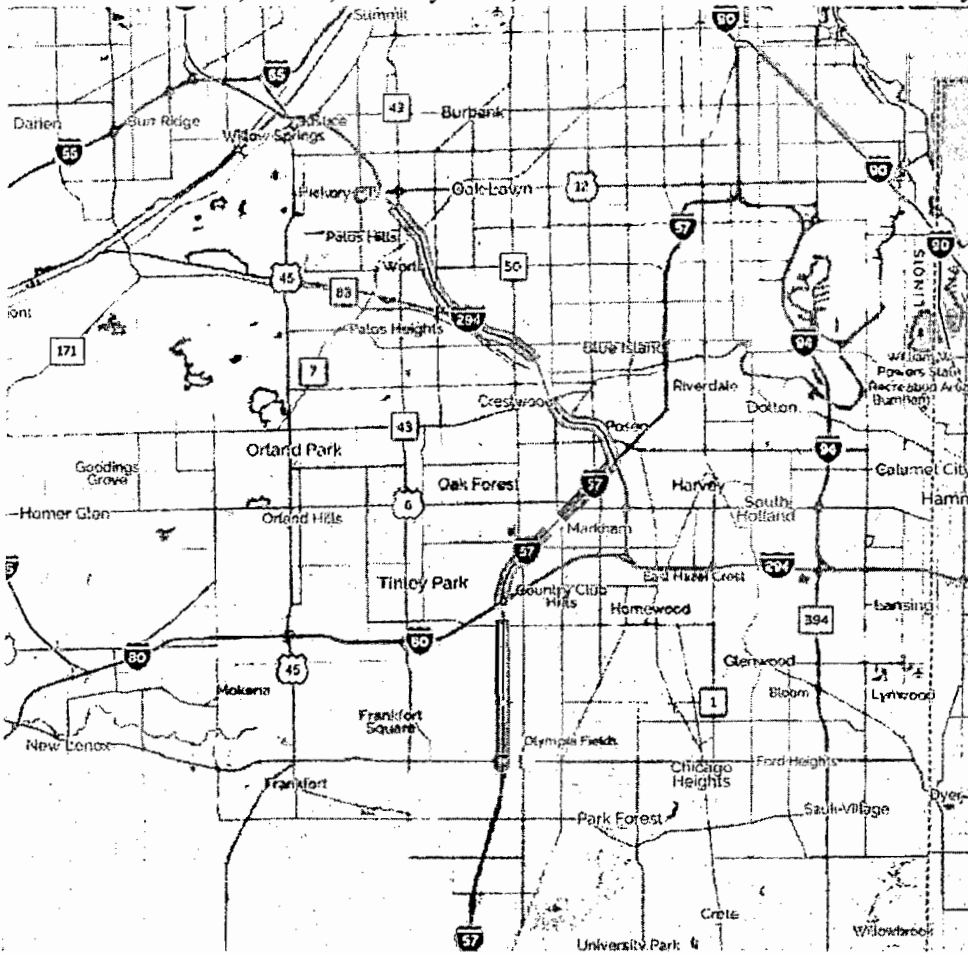
4557 Lincoln Hwy, Matteson, IL 60443-2317

28 MIN | 20.7 MI

Trip time based on traffic conditions as of 5:53 PM on May 31, 2016. Current Traffic: Heavy

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 9.46 miles 10.19 total mile:
8. Merge onto I-57 S via EXIT 8 toward Memphis (Electronic toll collection only).
Then 9.27 miles 19.45 total mile:
9. Merge onto US-30 E/Lincoln Hwy via EXIT 340A.
Then 1.22 miles 20.68 total mile:
10. 4557 LINCOLN HWY is on the right.
Your destination is 0.1 miles past Lincoln Mall Dr.
If you reach Kostner Ave you've gone about 0.1 miles too far.

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9512 S
Roberts Rd,
#9644

4557 Lincoln
Hwy,
Matteson, IL
60443-2317

YOUR TRIP TO:



4651 W 79th St, Chicago, IL 60652-1123

15 MIN | 6.4 MI

Trip time based on traffic conditions as of 12:28 PM on June 1, 2016. Current Traffic: Moderate

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 2.22 miles 2.42 total mile:



4. Turn left onto Melvina Ave.

Melvina Ave is just past Merrimac Ave.

If you reach Moody Ave you've gone a little too far.

Then 0.99 miles 3.41 total mile:



5. Turn right onto W 87th St.

W 87th St is 0.2 miles past W 89th St.

Then 1.79 miles 5.20 total mile:



6. Turn left onto S Cicero Ave/IL-50.

S Cicero Ave is 0.1 miles past Lamon Ave.

If you reach Staycoff Ln you've gone a little too far.

Then 1.04 miles 6.21 total mile:



7. Turn right onto W 79th St.

W 79th St is 0.2 miles past W 81st St.

If you reach W 78th St you've gone about 0.1 miles too far.

Then 0.16 miles 6.36 total mile:

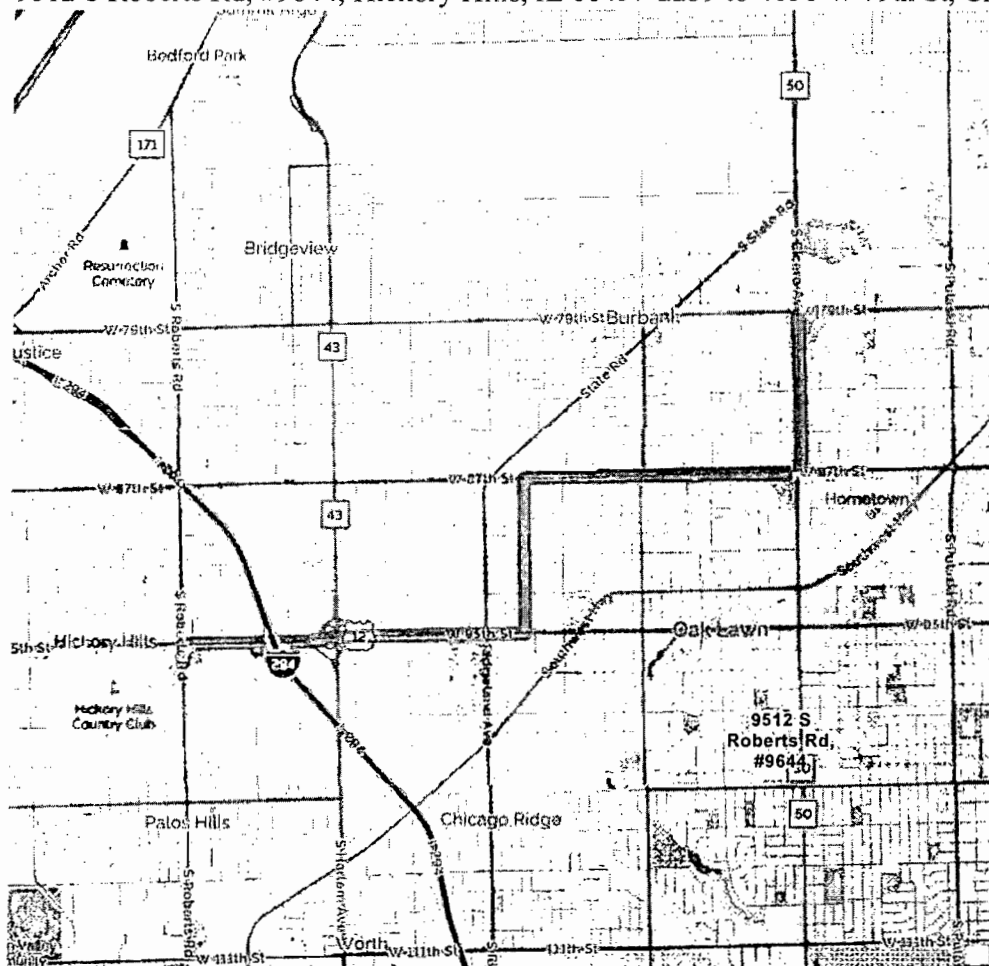


8. 4651 W 79TH ST is on the right.

Your destination is just past S Kilpatrick Ave.

If you reach S Knox Ave you've gone a little too far.

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4651 W 79th
St, Chicago, IL
60652-1123

YOUR TRIP TO:

4811 W 77th St, Burbank, IL 60459-1586



15 MIN | 5.6 MI

Trip time based on traffic conditions as of 12:28 PM on June 1, 2016. Current Traffic: Heavy



1. Start out going south on S Roberts Rd.

Then 0.08 miles Then 0.08 total-mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles Then 0.21 total-mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.97 miles Then 2.18 total-mile:



4. Turn left onto Ridgeland Ave.

Ridgeland Ave is 0.1 miles past Chicago Ridge Mall.

If you reach Marion Ave you've gone a little too far.

Then 1.04 miles Then 3.18 total-mile:



5. Ridgeland Ave becomes State Rd.

Then 1.53 miles Then 4.71 total-mile:



6. Turn slight right onto W 79th St.

W 79th St is just past Linder Ave.

If you are on State Rd and reach Long Ave you've gone about 0.1 miles too far.

Then 0.59 miles Then 5.30 total-mile:



7. Turn left onto Lavergne Ave.

Lavergne Ave is just past Lawler Ave.

If you reach Laporte Ave you've gone a little too far.

Then 0.25 miles Then 5.55 total-mile:



8. Take the 2nd right onto W 77th St.

W 77th St is 0.1 miles past W 78th St.

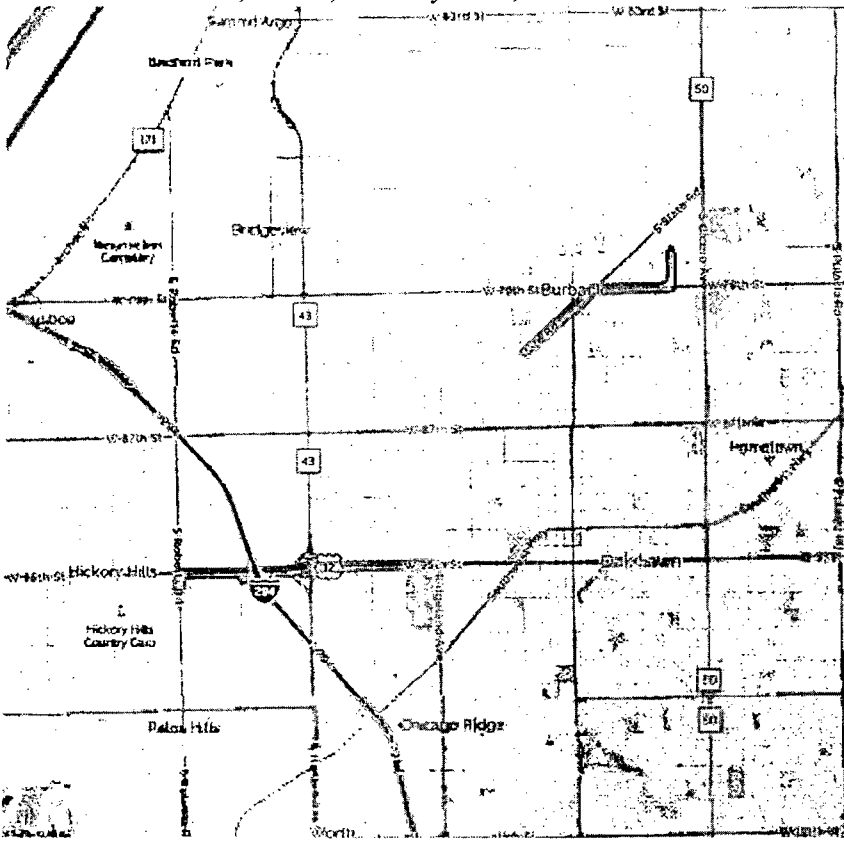
Then 0.03 miles Then 5.58 total-mile:



9. 4811 W 77TH ST is on the right.

Your destination is at the end of W 77th St.

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4811 W 77th
St, Burbank, IL
60459-1586

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



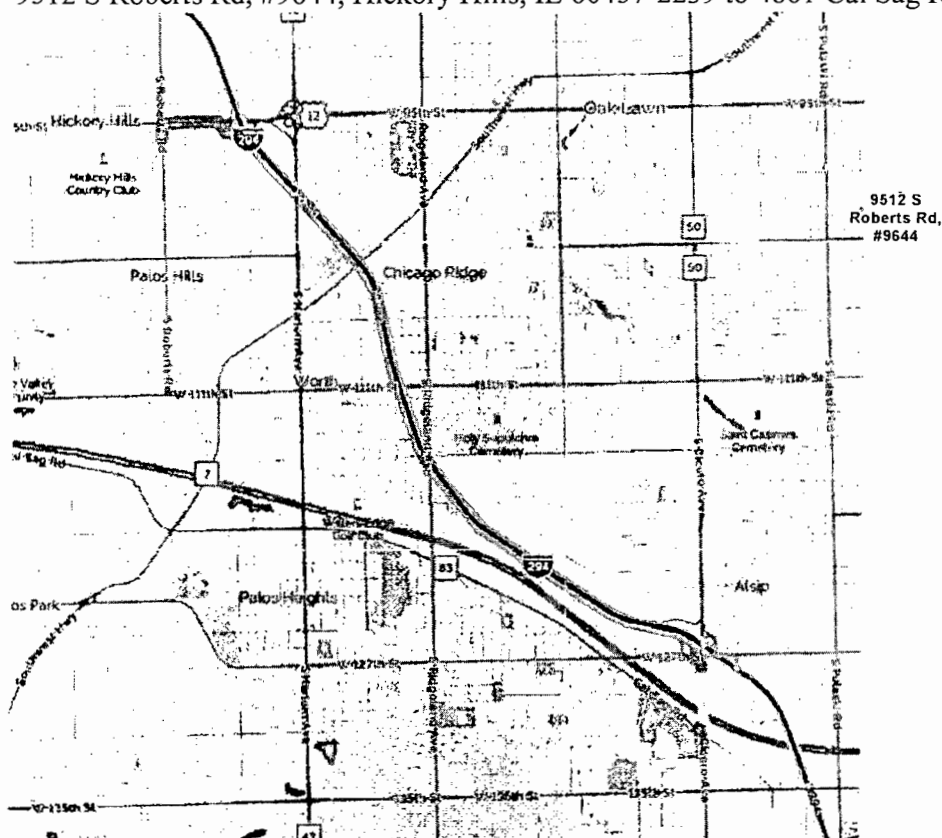
4861 Cal Sag Rd, Crestwood, IL 60445-4415

10 MIN | 7.0 MI

Trip time based on traffic conditions as of 6:17 PM on May 31, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08-total-mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21-total-mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64-total-mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.04 miles 0.65-total-mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72-total-mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72-total-mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 4.97 miles 5.70-total-mile:
8. Merge onto S Cicero Ave/IL-50 S.
Then 1.16 miles 6.85-total-mile:
9. Turn right onto Cal Sag Rd/IL-83.
Cal Sag Rd is 0.1 miles past W 131st St.
If you are on IL-50 and reach IL-83 you've gone a little too far.
Then 0.10 miles 6.95-total-mile:
10. 4861 CAL SAG RD is on the left.
If you reach Rivercrest Dr you've gone about 0.2 miles too far.

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4861 Cal Sag
Rd,
Crestwood, IL
60445-4415

YOUR TRIP TO:



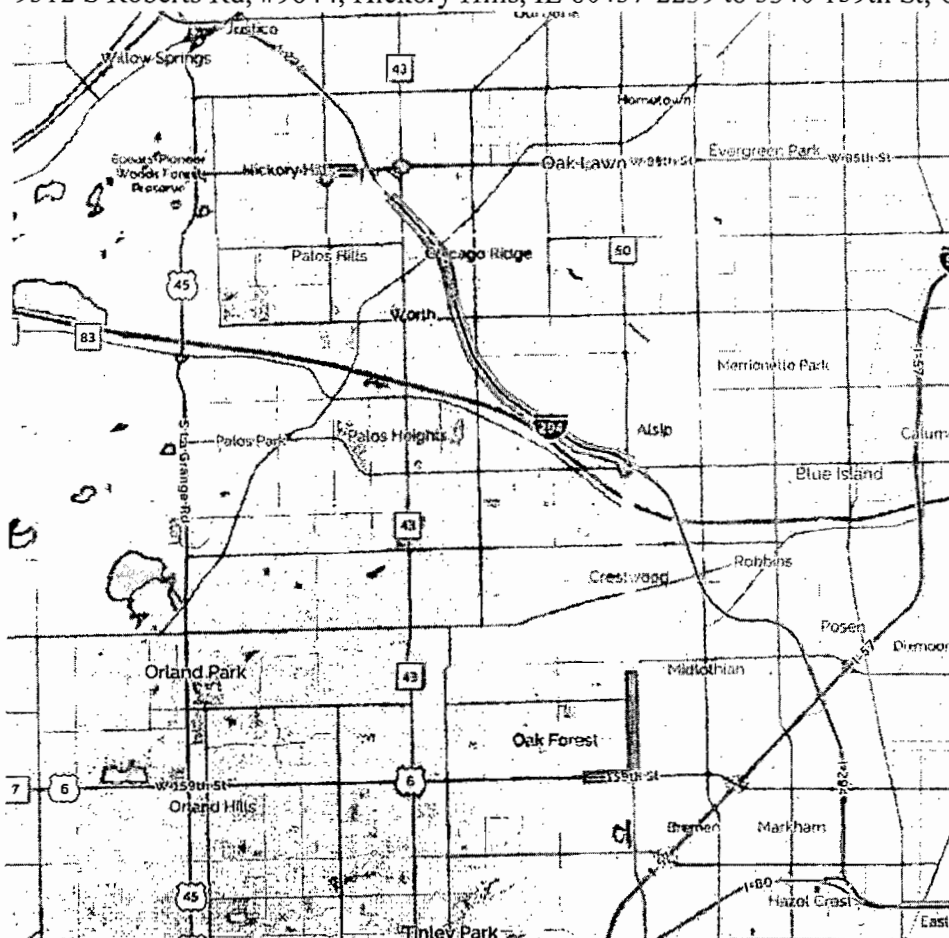
5340 159th St, Oak Forest, IL 60452-4702

23 MIN | 11.0 MI

Trip time based on traffic conditions as of 5:54 PM on May 31, 2016. Current Traffic: Heavy

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total mile
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total mile
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 4.97 miles 5.70 total mile
8. Merge onto S Cicero Ave/IL-50 S.
Then 4.64 miles 10.33 total mile
9. Turn right onto 159th St/US-6 W.
159th St is 0.2 miles past 157th St.
If you reach 160th St you've gone about 0.1 miles too far.
Then 0.68 miles 11.01 total mile
10. 5340 159TH ST.
Your destination is just past Lockwood Ave.
If you reach Lorel Ave you've gone a little too far.

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9512 S
Roberts Rd,
#9644

5340 159th St,
Oak Forest, IL
60452-4702

YOUR TRIP TO:

6201 W 63rd St, Chicago, IL 60638



18 MIN | 6.3 MI

Trip time based on traffic conditions as of 6:23 PM on May 31, 2016. Current Traffic: Heavy



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 3.55 miles 3.63 total mile:



3. Turn slight right onto S Archer Rd/IL-171.

S Archer Rd is just past Garden Ln.

Then 0.70 miles 4.33 total mile:



4. Turn right onto W 63rd St.

W 63rd St is 0.2 miles past W 65th St.

If you reach W 62nd Pl you've gone a little too far.

Then 1.94 miles 6.27 total mile:



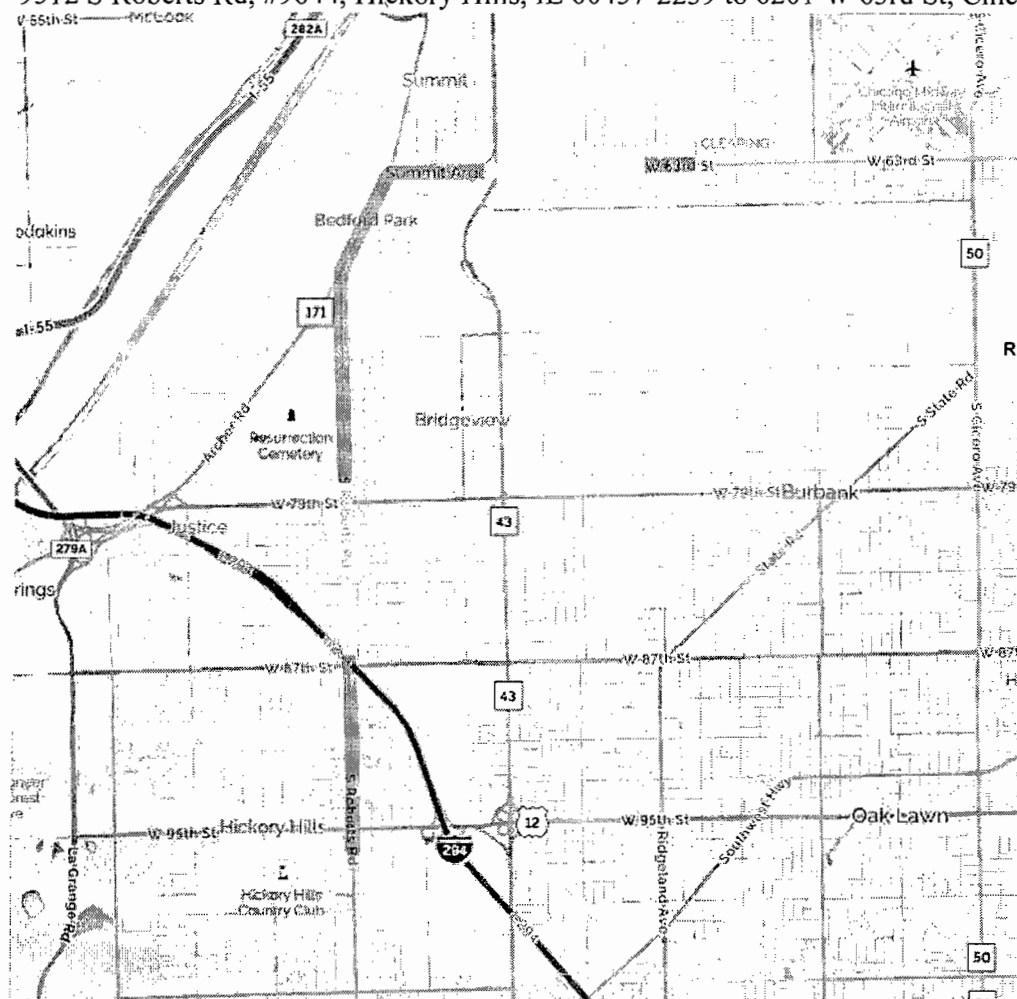
5. 6201 W 63RD ST is on the right.

Your destination is just past S Merrimac Ave.

If you reach S Melvina Ave you've gone a little too far.

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YOUR TRIP TO:

6300 Kingery Hwy, Willowbrook, IL 60527-2248

24 MIN | 12.4 MI 

Trip time based on traffic conditions as of 5:33 PM on May 31, 2016. Current Traffic: Moderate



Start of next leg of route:



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.10 miles 0.10 total mile



2. Turn right onto Hickory Palos Sq.

If you reach W 97th St you've gone about 0.1 miles too far.

Then 0.27 miles 0.37 total mile



3. Turn left onto W 95th St/US-20 W/US-12 W. Continue to follow W 95th St.

Then 4.19 miles 4.56 total mile



4. Turn slight left onto Archer Ave/IL-171.

Then 2.34 miles 6.90 total mile



5. Turn right onto State Route 83/IL-83. Continue to follow IL-83.

IL-83 is just past Derby Rd.

If you are on IL-171 and reach 107th St you've gone a little too far.

Then 5.42 miles 12.32 total mile



6. Make a U-turn at 63rd St onto Kingery Hwy/IL-83.

Then 0.05 miles 12.37 total mile



7. 6300 KINGERY HWY is on the right.

Your destination is just past 63rd St.

If you reach Lake Hinsdale Dr you've gone a little too far.

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9512 S
Roberts Rd,
9644

YOUR TRIP TO:

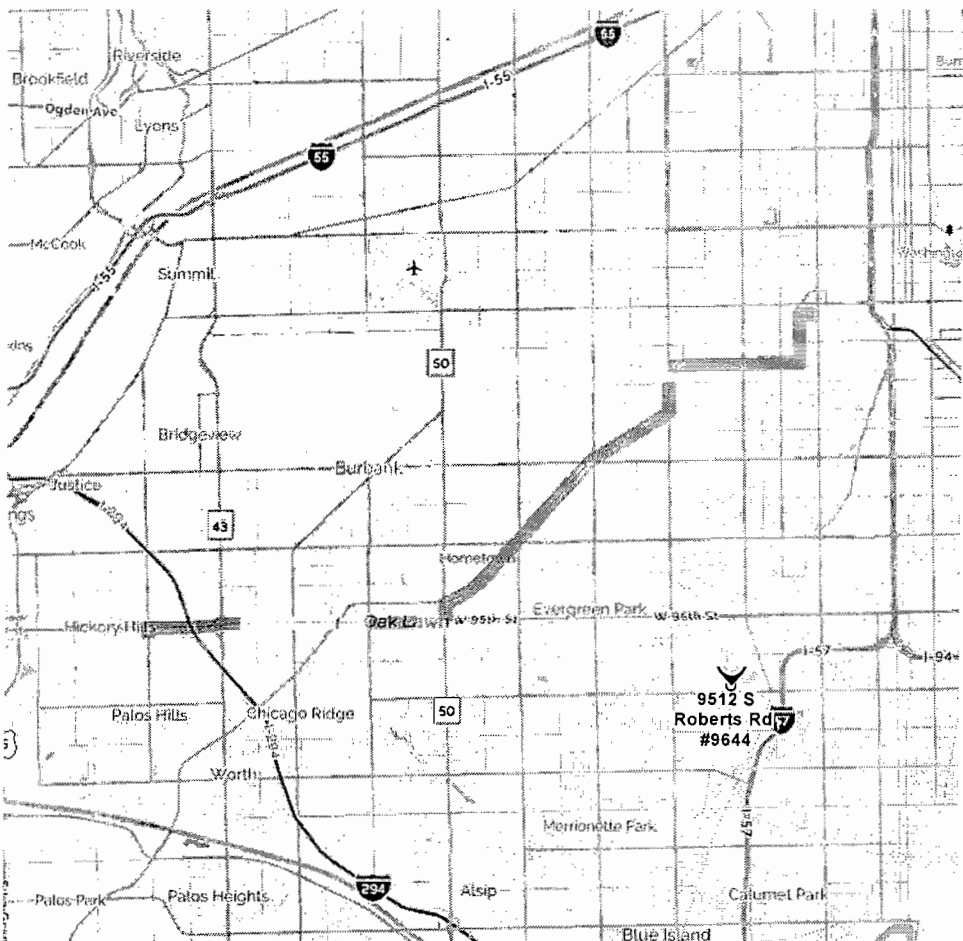


6333 S Green St, Chicago, IL 60621-1921

29 MIN | 11.6 MI

Trip time based on traffic conditions as of 12:31 PM on June 1, 2016. Current Traffic: Moderate

1. Start out going **south** on S Roberts Rd.
Then 0.08 miles 0.08-total mile:
2. Make a **U-turn** onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21-total-mile:
3. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 3.99 miles 4.20-total-mile:
4. Turn **left** onto S Cicero Ave/IL-50.
S Cicero Ave is just past Lacrosse Ave.
If you reach Kilpatrick Ave you've gone about 0.1 miles too far.
Then 0.21 miles 4.41-total-mile:
5. Take the 2nd **right** onto Southwest Hwy.
Southwest Hwy is just past W 94th St.
Then 1.28 miles 5.70-total-mile:
6. Southwest Hwy becomes W Columbus Ave.
Then 2.65 miles 8.35-total-mile:
7. Turn **left** onto S Western Ave.
Then 0.64 miles 8.99-total-mile:
8. Turn **right** onto W 69th St.
W 69th St is 0.1 miles past W 70th St.
If you reach W 68th St you've gone about 0.1 miles too far.
Then 1.75 miles 10.74-total-mile:
9. Turn **left** onto S Morgan St.
S Morgan St is just past S Carpenter St.
If you reach S Sangamon St you've gone a little too far.
Then 0.63 miles 11.37-total-mile:
10. Turn **right** onto W 64th St.
W 64th St is 0.1 miles past W 65th St.
If you reach W 63rd St you've gone about 0.1 miles too far.
Then 0.19 miles 11.56-total-mile:
11. Turn **right** onto S Green St.
S Green St is just past S Peoria St.
Then 0.02 miles 11.58-total-mile:
12. 6333 S GREEN ST is on the **left**.
If you reach W 65th St you've gone about 0.1 miles too far.




6333 S Green
St, Chicago, IL
60621-1921

YOUR TRIP TO:

7000 S Pulaski Rd, Chicago, IL 60629



21 MIN | 7.7 MI

Trip time based on traffic conditions as of 12:29 PM on June 1, 2016. Current Traffic: Heavy



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08-total-mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21-total-mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.97 miles 2.18-total-mile



4. Turn left onto Ridgeland Ave.

Ridgeland Ave is 0.1 miles past Chicago Ridge Mall.

If you reach Marion Ave you've gone a little too far.

Then 1.01 miles 3.18-total-mile



5. Ridgeland Ave becomes State Rd.

Then 1.53 miles 4.71 total-mile



6. Turn slight right onto W 79th St.

W 79th St is just past Linder Ave.

If you are on State Rd and reach Long Ave you've gone about 0.1 miles too far.

Then 1.85 miles 6.56-total-mile



7. Turn left onto S Pulaski Rd.

S Pulaski Rd is just past S Komensky Ave.

If you reach S Springfield Ave you've gone about 0.1 miles too far.

Then 1.09 miles 7.65-total-mile

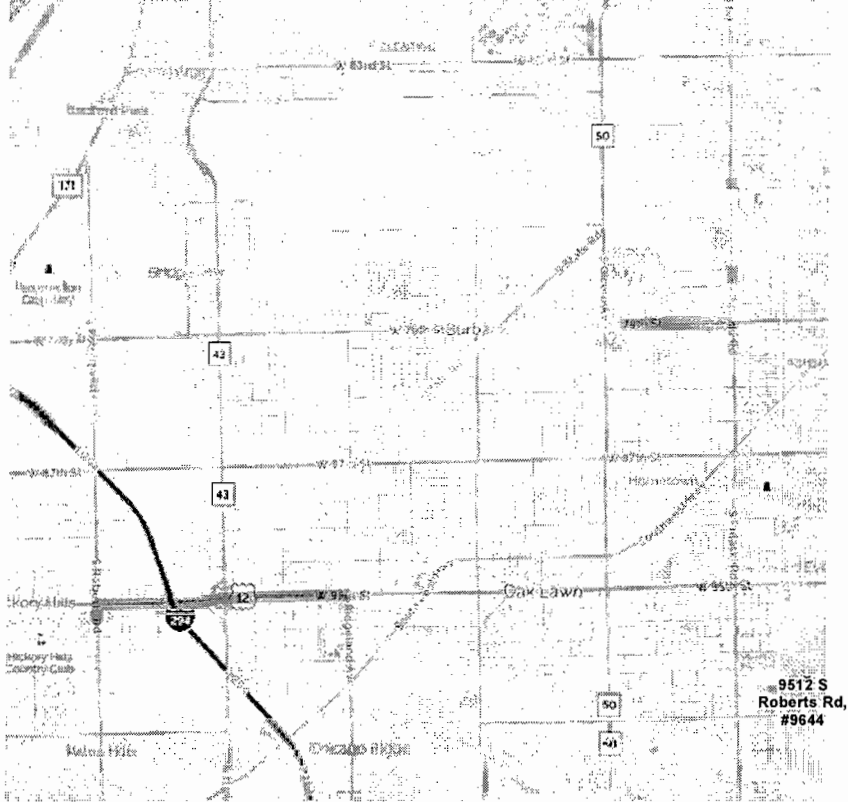


8. 7000 S PULASKI RD is on the left.

Your destination is just past W 70th Pl.

If you reach W 70th St you've gone a little too far.

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7000 S Pulaski
Rd, Chicago,
IL 60629

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:

7319 Archer Ave, Summit Argo, IL 60501-1277

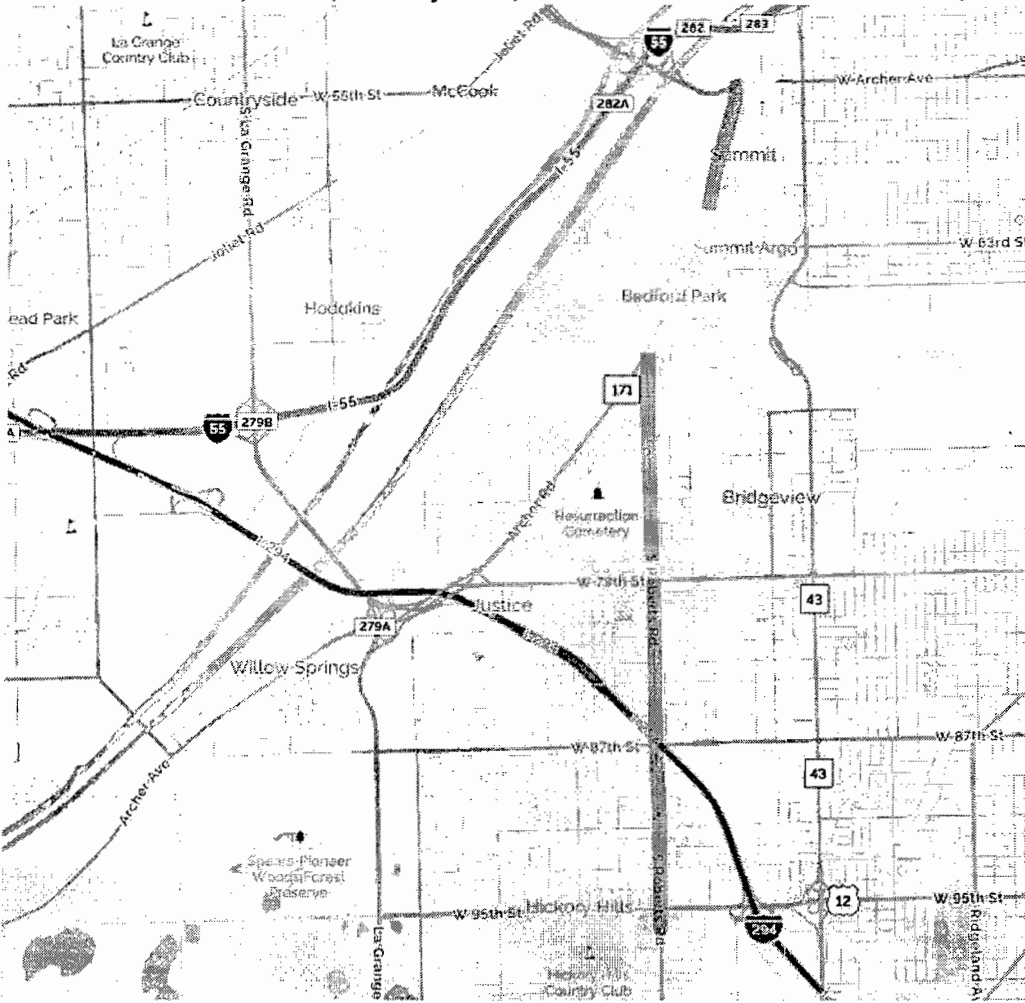
16 MIN | **5.6 MI** 

Trip time based on traffic conditions as of 6:18 PM on May 31, 2016. Current Traffic: Heavy



-  1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total-mile
-  2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 3.55 miles 3.63 total-mile
-  3. Turn slight right onto S Archer Rd/IL-171.
S Archer Rd is just past Garden Ln.
Then 1.66 miles 5.31 total-mile
-  4. Turn right onto Archer Ave.
Archer Ave is just past W 55th Pl.
Then 0.31 miles 5.64 total-mile
-  5. 7319 ARCHER AVE is on the right.
Your destination is just past S 73rd Ct.
If you reach S 73rd Ave you've gone a little too far.

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7319 Archer
Ave, Summit
Argo, IL
60501-1277

9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



7319 S Cottage Grove Ave, Chicago, IL 60619-1909

30 MIN | 23.0 MI

Trip time based on traffic conditions as of 12:36 PM on June 1, 2016. Current Traffic: Moderate



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles 0.64 total mile:



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles 0.65 total mile:



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles 0.72 total mile:



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles 0.72 total mile:



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 9.18 miles 9.91 total mile:



8. Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).

Then 0.15 miles 10.05 total mile:



9. Turn left onto IL-83/W 147th St.

Then 0.76 miles 10.81 total mile:



10. Merge onto I-57 N via the ramp on the left.

If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.

Then 8.40 miles 19.21 total mile:



11. I-57 N becomes I-94 W.

Then 2.16 miles 21.36 total mile:



12. Take EXIT 60B toward 76th St.

Then 0.30 miles 21.66 total mile:



13. Merge onto S State St.

Then 0.16 miles 21.81 total mile:



14. Take the 2nd right onto E 75th St.

E 75th St is 0.1 miles past E 76th St.

If you reach E 74th St you've gone about 0.1 miles too far.

Then 1.00 miles 22.82 total mile:



15. Turn left onto S Cottage Grove Ave.

S Cottage Grove Ave is just past S Evans Ave.

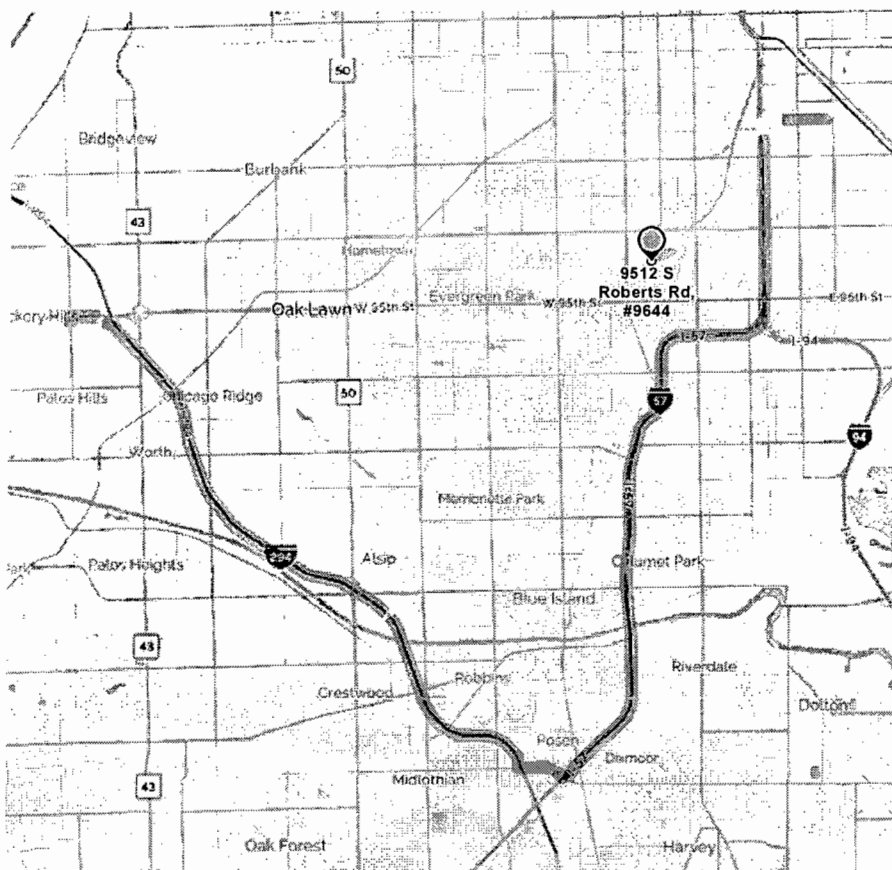
If you reach S Maryland Ave you've gone a little too far.

Then 0.23 miles 23.04 total mile:

Your destination is 0.1 miles past E 74th St.

If you reach E 73rd St you've gone a little too far.

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7319 S
Cottage Grove
Ave, Chicago,
IL 60619-1909

YOUR TRIP TO:



7531 S Stony Island Ave, Chicago, IL 60649-3954

30 MIN | 23.8 MI

Trip time based on traffic conditions as of 12:37 PM on June 1, 2016. Current Traffic: Light

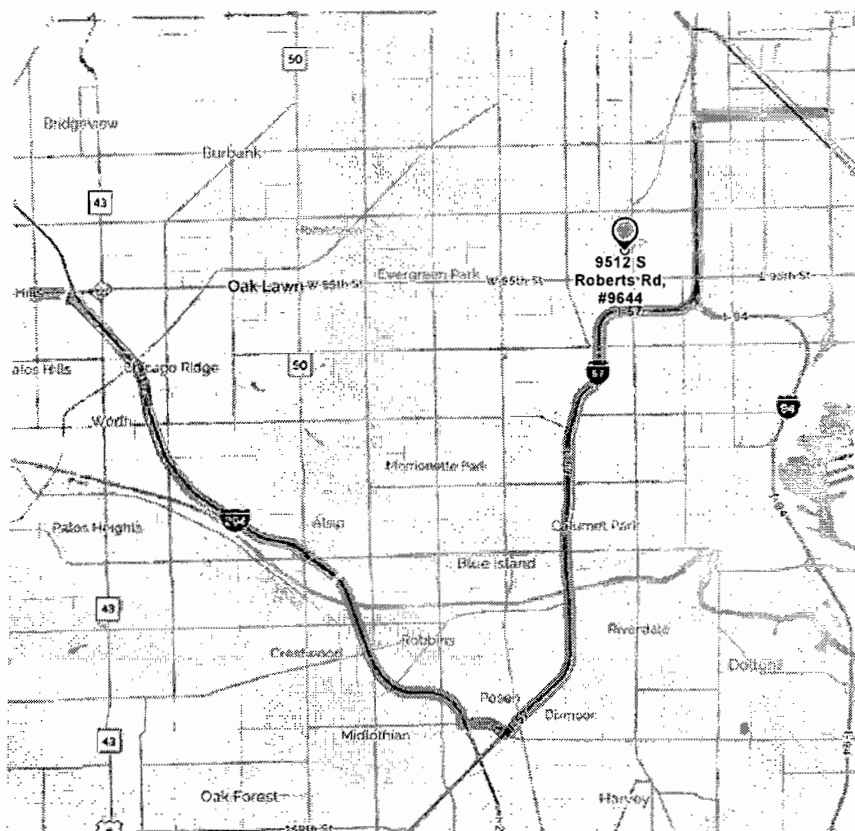
1. Start out going south on S Roberts Rd.
Then 0.08 miles 0:08-total-mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0:21-total-mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0:64-total-mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0:65-total-mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0:72-total-mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0:72-total-mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 9.18 miles 9:91-total-mile:
8. Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).
Then 0.15 miles 10:05-total-mile:
9. Turn left onto IL-83/W 147th St.
Then 0.76 miles 10:81-total-mile:
10. Merge onto I-57 N via the ramp on the left.
If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.
Then 8.40 miles 19:21-total-mile:
11. I-57 N becomes I-94 W.
Then 2.16 miles 21:36-total-mile:
12. Take EXIT 60B toward 76th St.
Then 0.30 miles 21:66-total-mile:
13. Merge onto S State St.
Then 0.04 miles 21:69-total-mile:
14. Take the 1st right onto E 76th St.
If you reach E 75th St you've gone about 0.1 miles too far.
Then 1.44 miles 23:13-total-mile:
15. Turn left to stay on E 76th St.
E 76th St is just past S Greenwood Ave.
If you are on S Greenwood Ave and reach E 76th Pl you've gone a little too far.
Then 0.61 miles 23:74-total-mile:
16. Turn left onto S Stony Island Ave.
If you reach S Cornell Ave you've gone a little too far.
Then 0.06 miles 23:80-total-mile:



17. 7531 S STONY ISLAND AVE.

If you reach E 75th St you've gone a little too far.

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7531 S Stony
Island Ave,
Chicago, IL
60649-3954

YOUR TRIP TO:

7721 S Western Ave, Chicago, IL 60620



21 MIN | 8.7 MI

Trip time based on traffic conditions as of 11:37 AM on June 1, 2016. Current Traffic: Moderate

Start-of next-leg of route



1. Start out going south on S Roberts Rd.

Then-0.08-miles 0.08-total-mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then-0.13-miles 0.21-total-mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then-2.56-miles 2.77-total-mile:



4. Turn left onto Southwest Hwy.

Southwest Hwy is just past Austin Ave.

If you reach Mayfield Ave you've gone a little too far.

Then-0.54-miles 3.30-total-mile:



5. Turn left onto Central Ave.

Central Ave is just past Parkside Ave.

If you reach S 55th Ct you've gone a little too far.

Then-0.75-miles 4.05-total-mile:



6. Turn right onto W 87th St.

W 87th St is just past W 87th Pl.

If you reach W 86th St you've gone about 0.1 miles too far.

Then-1.97-miles 6.02-total-mile:



7. Turn slight left onto W Columbus Ave.

W Columbus Ave is just past S Karlov Ave.

If you are on W 87th St and reach S Pulaski Rd you've gone a little too far.

Then-1.42-miles 7.44-total-mile:



8. Turn slight right onto W 79th St.

W 79th St is 0.1 miles past S Christiana Ave.

If you are on W Columbus Ave and reach S Kedzie Ave you've gone a little too far.

Then-1.08-miles 8.51-total-mile:



9. Turn left onto S Western Ave.

S Western Ave is just past S Artesian Ave.

If you reach S Claremont Ave you've gone a little too far.

Then-0.20-miles 8.71-total-mile:

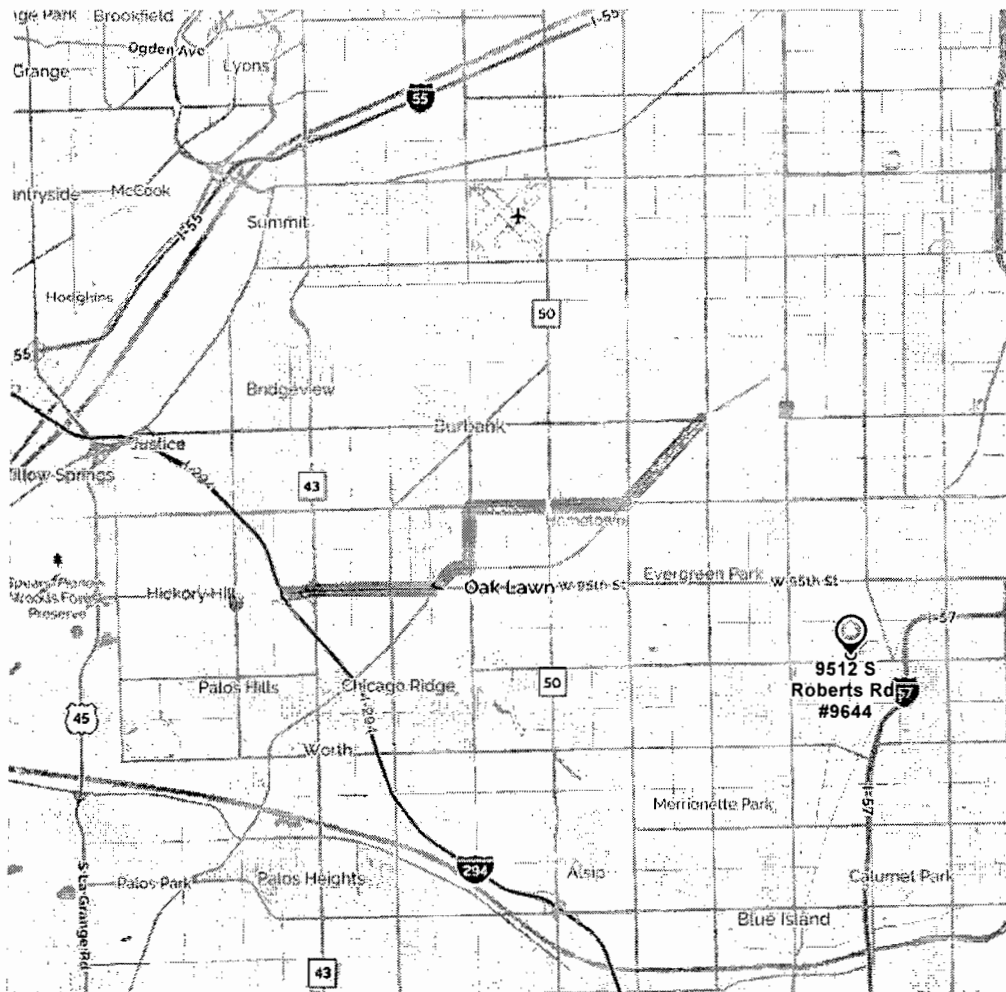


10. 7721 S WESTERN AVE.

Your destination is just past W 78th St.

If you reach W 77th St you've gone a little too far.

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7721 S
Western Ave,
Chicago, IL
60620

YOUR TRIP TO:



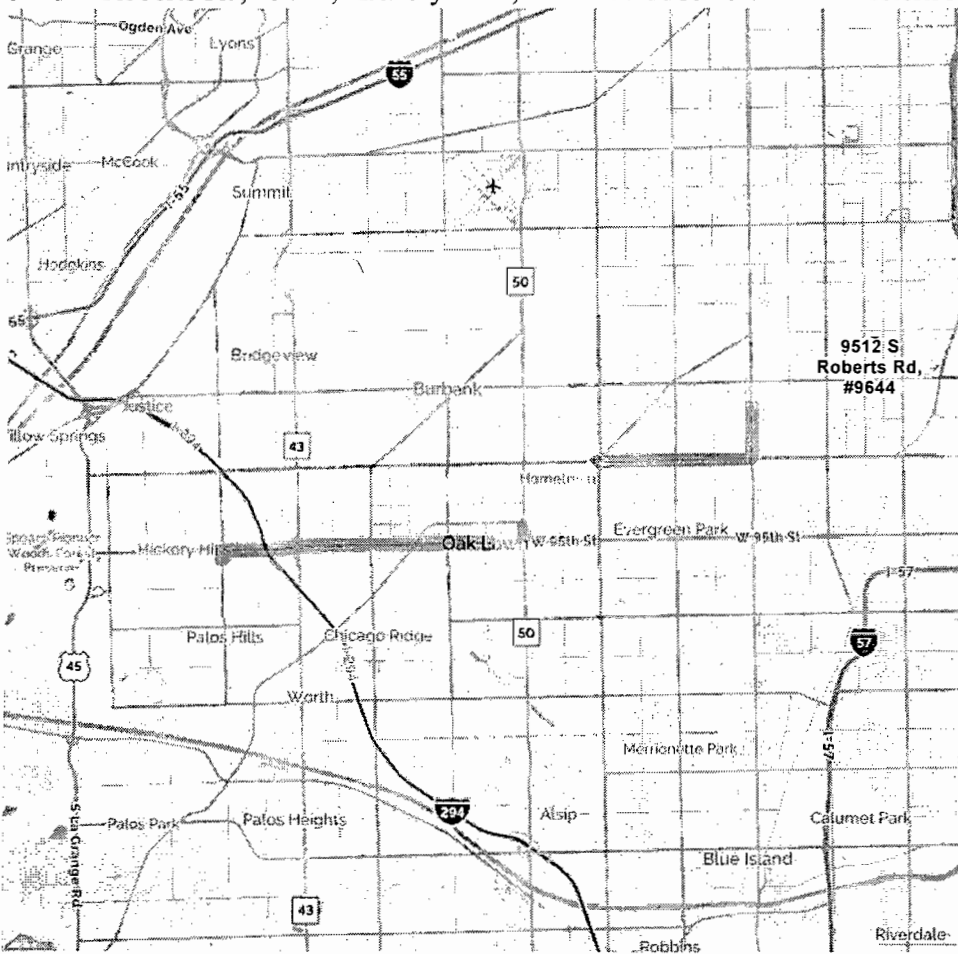
8111 S Western Ave, Chicago, IL 60620-5939

22 MIN | 8.5 MI

Trip time based on traffic conditions as of 11:31 AM on June 1, 2016. Current Traffic: Heavy

1. Start out going **south** on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 3.99 miles 4.20 total mile:
4. Turn **left** onto S Cicero Ave/IL-50.
S Cicero Ave is just past Lacrosse Ave.
If you reach Kilpatrick Ave you've gone about 0.1 miles too far.
Then 0.21 miles 4.41 total mile:
5. Take the 2nd **right** onto Southwest Hwy.
Southwest Hwy is just past W 94th St.
Then 1.27 miles 5.68 total mile:
6. Turn **slight right** onto W 87th St.
W 87th St is 0.2 miles past S Merrion Ln.
If you are on W Columbus Ave and reach S Pulaski Rd you've gone a little too far.
Then 2.07 miles 7.75 total mile:
7. Turn **left** onto S Western Ave.
S Western Ave is 0.2 miles past S Rockwell Ave.
Then 0.76 miles 8.51 total mile:
8. 8111 S WESTERN AVE is on the **right**.
Your destination is just past W 81st Pl.
If you reach W 81st St you've gone a little too far.

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8111 S
Western Ave,
Chicago, IL
60620-5939

YOUR TRIP TO:

8910 W 192nd St, Mokena, IL 60448



32 MIN | 15.4 MI

Trip time based on traffic conditions as of 5:50 PM on May 31, 2016. Current Traffic: Heavy

Start of next leg of route

1. Start out going **south** on S Roberts Rd toward Hickory Palos Sq.
Then 1.97 miles **1.97 total mile**

2. Turn **left** onto W 111th St.
W 111th St is 0.1 miles past Valley Dr.
If you reach W 111th Pl you've gone a little too far.
Then 1.00 miles **2.97 total mile**

3. Turn **right** onto S Harlem Ave/IL-43.
S Harlem Ave is just past S Columbus Dr.
If you reach S Depot St you've gone about 0.1 miles too far.
Then 10.10 miles **13.07 total mile**

4. Turn **right** onto 191st St/County Hwy-84.
If you reach Oak Park Ave you've gone about 0.2 miles too far.
Then 2.02 miles **15.09 total mile**

5. Turn **left** onto 88th Ave.
88th Ave is 0.3 miles past 85th Ct.
If you reach Jodi Rd you've gone about 0.5 miles too far.
Then 0.19 miles **15.28 total mile**

6. Take the 1st **right** onto W 192nd St.
If you reach Clare Ave you've gone about 0.1 miles too far.
Then 0.11 miles **15.39 total mile**

7. 8910 W 192ND ST is on the **right**.
If you reach W 191st St you've gone about 0.4 miles too far.

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YOUR TRIP TO:

9730 S Western Ave, Worth, IL 60805



20 MIN | 8.2 MI

Trip time based on traffic conditions as of 11:30 AM on June 1, 2016. Current Traffic: Moderate

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 3.48 miles 3.69 total mile:



4. Turn right onto S 52nd Ave.

S 52nd Ave is just past Cook Ave.

If you reach Museum Dr you've gone about 0.1 miles too far.

Then 0.50 miles 4.19 total mile:



5. Turn left onto W 99th St.

W 99th St is 0.1 miles past W 98th St.

If you reach Oak Center Dr you've gone a little too far.

Then 3.54 miles 7.73 total mile:



6. Turn left onto S Western Ave.

S Western Ave is just past S Artesian Ave.

If you reach S Claremont Ave you've gone a little too far.

Then 0.38 miles 8.11 total mile:



7. Make a U-turn at S Evergreen Park Plz onto S Western Ave.

If you reach W 95th St you've gone about 0.1 miles too far.

Then 0.06 miles 8.17 total mile:



8. 9730 S WESTERN AVE is on the right.

If you reach W 97th St you've gone a little too far.

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9730 S
Western Ave,
Worth, IL
60805

YOUR TRIP TO:



9914 S Vincennes Ave, Chicago, IL 60643

23 MIN | 9.2 MI

Trip time based on traffic conditions as of 11:35 AM on June 1, 2016. Current Traffic: Light

Start of next leg of route



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 3.48 miles 3.69 total mile:



4. Turn right onto S 52nd Ave.

S 52nd Ave is just past Cook Ave.

If you reach Museum Dr you've gone about 0.1 miles too far.

Then 0.50 miles 4.19 total mile:



5. Turn left onto W 99th St.

W 99th St is 0.1 miles past W 98th St.

If you reach Oak Center Dr you've gone a little too far.

Then 5.02 miles 9.20 total mile:



6. Turn right onto S Vincennes Ave.

S Vincennes Ave is just past S Throop St.

If you reach S Racine Ave you've gone a little too far.

Then 0.02 miles 9.22 total mile:



7. 9914 S VINCENNES AVE is on the right.

If you reach W 100th Pl you've gone about 0.1 miles too far.

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9512 S
Roberts Rd,
#9644

9914 S
Vincennes
Ave, Chicago,
IL 60643

YOUR TRIP TO:

10511 S Harlem Ave, Chicago Ridge, IL 60415



6 MIN | 2.6 MI

Trip time based on traffic conditions as of 6:19 PM on May 31, 2016. Current Traffic: Moderate

Start of next leg of route



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.96 miles 0.96 total mile:



2. Turn left onto W 103rd St.

W 103rd St is just past W 102nd St.

If you reach W 104th St you've gone about 0.1 miles too far.

Then 1.00 miles 1.96 total mile:



3. Turn right onto IL-43/S Harlem Ave.

IL-43 is just past S 73rd Ave.

If you reach the end of 103rd St you've gone about 0.2 miles too far.

Then 0.42 miles 2.38 total mile:



4. Make a U-turn at Southwest Hwy onto S Harlem Ave/IL-43.

Then 0.19 miles 2.56 total mile:

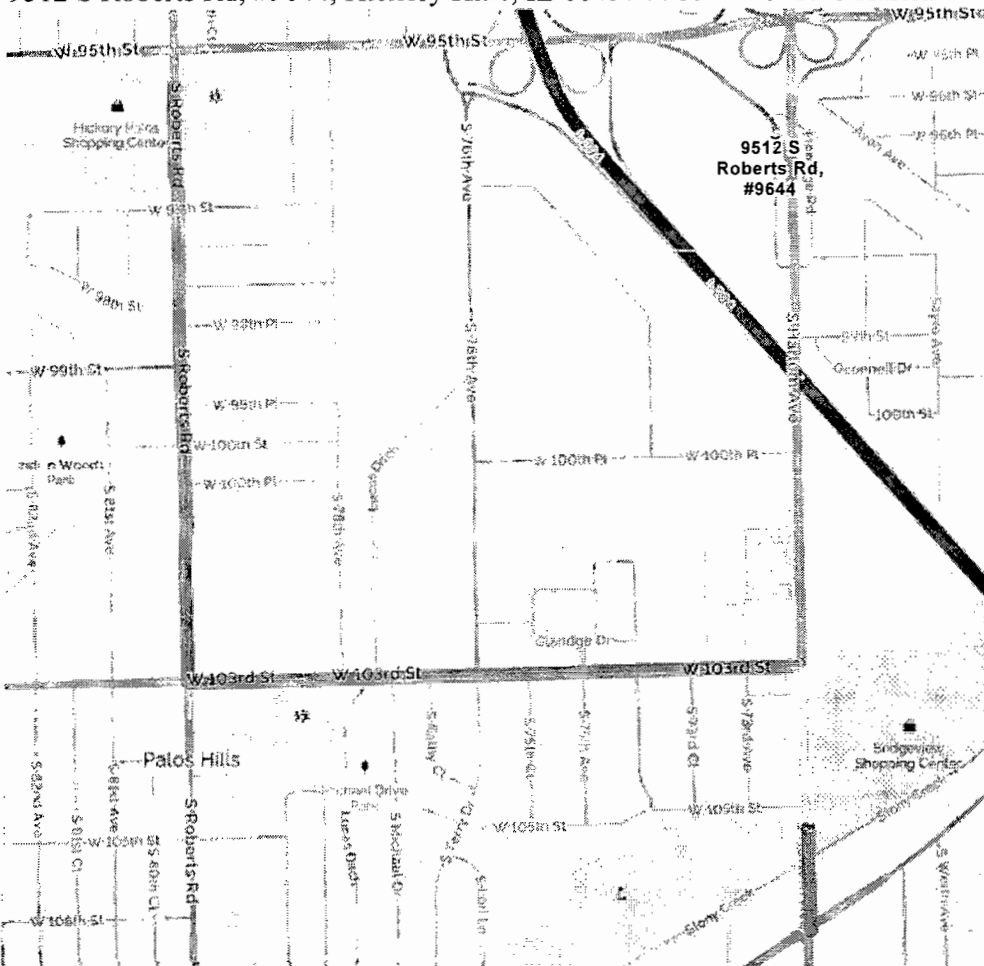


5. 10511 S HARLEM AVE is on the right.

Your destination is 0.1 miles past Southwest Hwy.

If you reach W 105th St you've gone a little too far.

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10511 S
Harlem Ave,
Chicago
Ridge, IL
60415

YOUR TRIP TO:



10620 S Halsted St, Chicago, IL 60628-2310

23 MIN | 18.9 MI

Trip time based on traffic conditions as of 11:33 AM on June 1, 2016. Current Traffic: Light



1. Start out going south on S Roberts Rd.

Then 0.08 miles — 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles — 0.21 total mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles — 0.64 total mile



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles — 0.65 total mile



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles — 0.72 total mile



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles — 0.72 total mile



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 9.18 miles — 9.91 total mile



8. Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).

Then 0.15 miles — 10.05 total mile



9. Turn left onto IL-83/W 147th St.

Then 0.76 miles — 10.81 total mile



10. Merge onto I-57 N via the ramp on the left.

If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.

Then 6.96 miles — 17.77 total mile



11. Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles — 17.94 total mile



12. Merge onto W 99th St.

Then 0.05 miles — 17.99 total mile



13. Turn right onto S Halsted St/IL-1.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles — 18.90 total mile

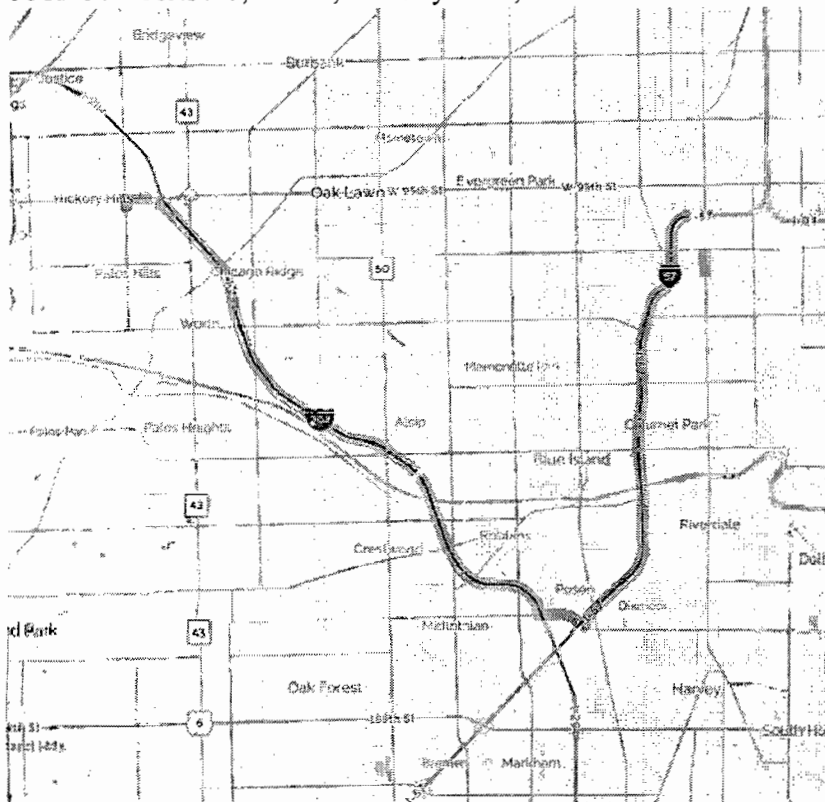


14. 10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

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9512 S
Roberts Rd,
#9644

YOUR TRIP TO:



11650 S Kedzie Ave, Merrionette Park, IL 60803-6302

16 MIN | 9.7 MI

Trip time based on traffic conditions as of 11:27 AM on June 1, 2016. Current Traffic: Moderate



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles 0.64 total mile



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles 0.65 total mile



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles 0.72 total mile



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles 0.72 total mile



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 4.97 miles 5.70 total mile



8. Take the 127th St exit toward IL-83/IL-50/Cicero Ave.

Then 0.51 miles 6.21 total mile



9. Turn left onto W 127th St.

Then 1.68 miles 7.89 total mile



10. W 127th St becomes Burr Oak Ave.

Then 0.50 miles 8.39 total mile



11. Turn left onto S Kedzie Ave.

S Kedzie Ave is 0.1 miles past Wireton Rd.

If you reach Sacramento Ave you've gone about 0.2 miles too far.

Then 1.29 miles 9.68 total mile

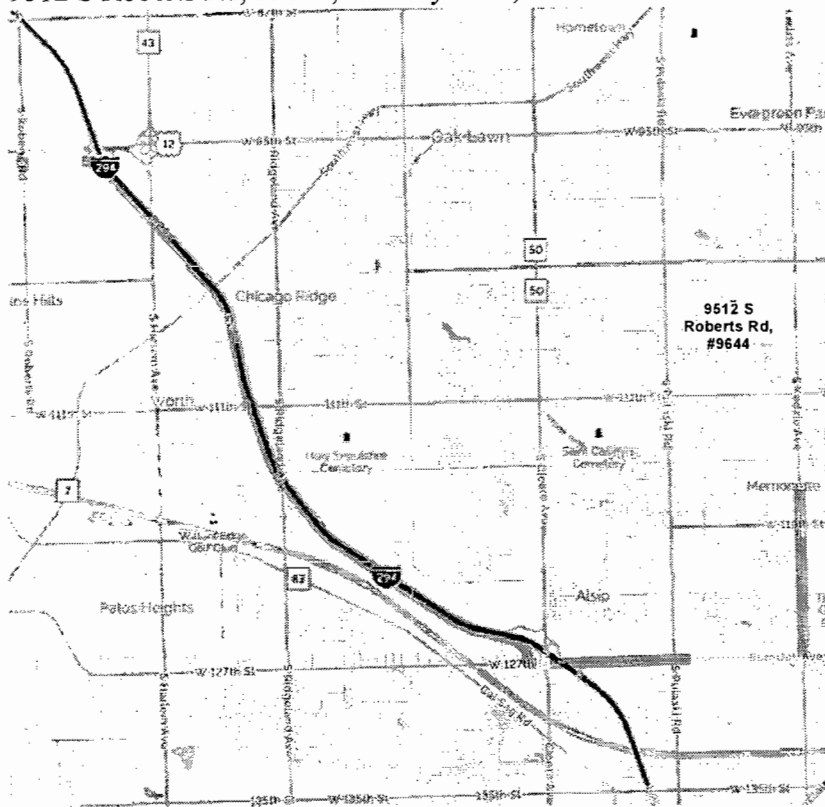


12. 11650 S KEDZIE AVE is on the left.

Your destination is 0.1 miles past W Park Lane Dr.

If you reach W 116th Pl you've gone a little too far.

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1
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Me
Park

YOUR TRIP TO:

12200 Western Ave, Worth, IL 60406



19 MIN | 10.9 MI

Trip time based on traffic conditions as of 11:28 AM on June 1, 2016. Current Traffic: Moderate

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 4.97 miles 5.70 total mile:
8. Take the 127th St exit toward IL-83/IL-50/Cicero Ave.
Then 0.51 miles 6.21 total mile:
9. Turn left onto W 127th St.
Then 4.68 miles 7.89 total mile:
10. W 127th St becomes Burr Oak Ave.
Then 0.50 miles 8.39 total mile:
11. Turn left onto S Kedzie Ave.
S Kedzie Ave is 0.1 miles past Wireton Rd.
If you reach Sacramento Ave you've gone about 0.2 miles too far.
Then 4.01 miles 9.40 total mile:
12. Turn right onto W 119th St.
W 119th St is 0.5 miles past W 123rd St.
If you reach W 118th St you've gone a little too far.
Then 1.01 miles 10.41 total mile:
13. Turn right onto Western Ave.
Western Ave is just past Artesian Ave.
If you reach S Oakley Ave you've gone a little too far.
Then 0.45 miles 10.86 total mile:

14. 12200 WESTERN AVE is on the right.
If you reach 123rd St you've gone a little too far.

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12200 Western
Ave, Worth, IL
60406

YOUR TRIP TO:



12250 S Cicero Ave, Alsip, IL 60803-2907

11 MIN | 7.1 MI

Trip time based on traffic conditions as of 6:22 PM on May 31, 2016. Current Traffic: Moderate



1. Start out going south on S Roberts Rd.

Then 0.08 miles: 0.08 total mile:



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles: 0.21 total mile:



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles: 0.64 total mile:



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles: 0.65 total mile:



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles: 0.72 total mile:



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles: 0.72 total mile:



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 4.97 miles: 5.70 total mile:



8. Take the 127th St exit toward IL-83/IL-50/Cicero Ave.

Then 0.51 miles: 6.21 total mile:



9. Turn left onto W 127th St.

Then 0.17 miles: 6.38 total mile:



10. Turn left onto S Cicero Ave/IL-50.

Then 0.64 miles: 7.02 total mile:



11. Make a U-turn at W 122nd St onto S Cicero Ave/IL-50.

If you reach W 121st St you've gone a little too far.

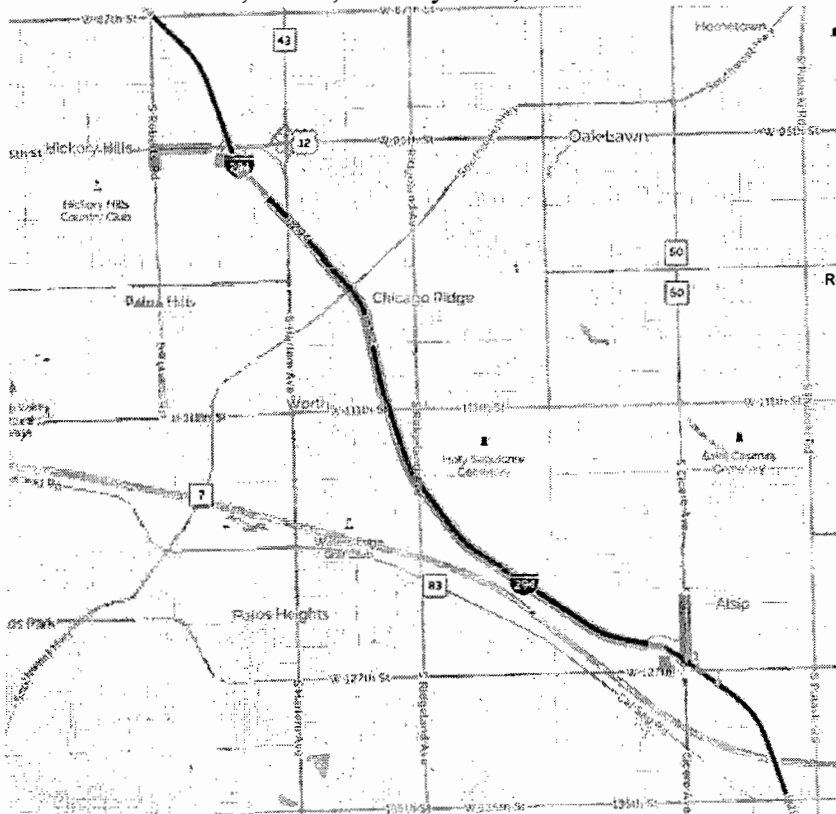
Then 0.07 miles: 7.08 total mile:



12. 12250 S CICERO AVE is on the right.

If you reach W 123rd St you've gone a little too far.

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9512 S
Roberts Rd,
#9644

12250 S Cicero
Ave, Alsip, IL
60803-2907

YOUR TRIP TO:



13155 S La Grange Rd, Orland Park, IL 60462-1162

14 MIN | 6.5 MI

Trip time based on traffic conditions as of 5:51 PM on May 31, 2016. Current Traffic: Heavy

Start of next leg of route



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 1.97 miles

1.97 total mile



2. Turn left onto W 111th St.

W 111th St is 0.1 miles past Valley Dr.

If you reach W 111th Pl you've gone a little too far.

Then 0.38 miles

2.34 total mile



3. Take the 3rd right onto Southwest Hwy/IL-7.

Southwest Hwy is just past S Eastwood Dr.

If you reach S 76th Ave you've gone about 0.1 miles too far.

Then 3.20 miles

5.55 total mile



4. Turn right onto W 131st St.

W 131st St is 0.6 miles past W 126th St.

If you reach Palos Springs Dr you've gone about 0.2 miles too far.

Then 0.69 miles

6.23 total mile



5. Turn left onto S La Grange Rd/US-45 S.

S La Grange Rd is 0.2 miles past S 94th Ave.

If you reach S Mill Rd you've gone about 0.2 miles too far.

Then 0.48 miles

6.41 total mile



6. Make a U-turn at Southmoor Dr onto S La Grange Rd/US-45 N.

If you reach Kris Trl you've gone about 0.2 miles too far.

Then 0.44 miles

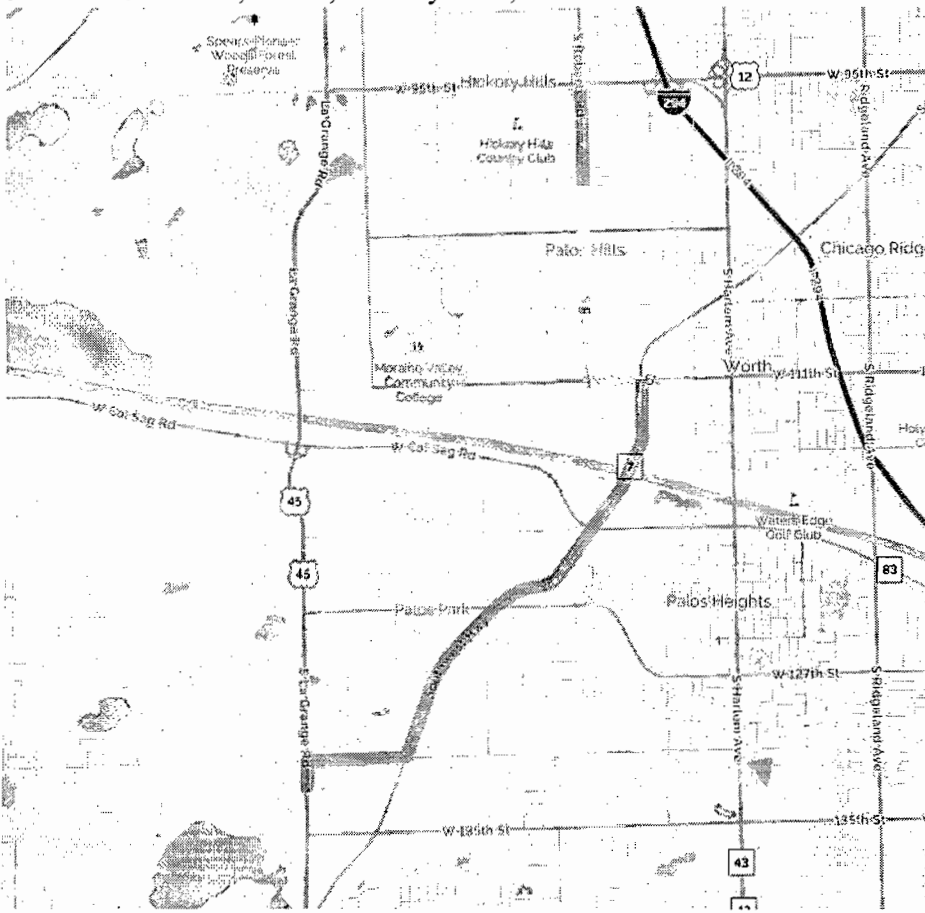
6.52 total mile



7. 13155 S LA GRANGE RD.

If you reach W 131st St you've gone a little too far.

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9512 S
Roberts Rd,
#9644

13155 S La
Grange Rd,
Orland Park, IL
60462-1162

YOUR TRIP TO:

14255 Cicero Ave, Crestwood, IL 60445-2154



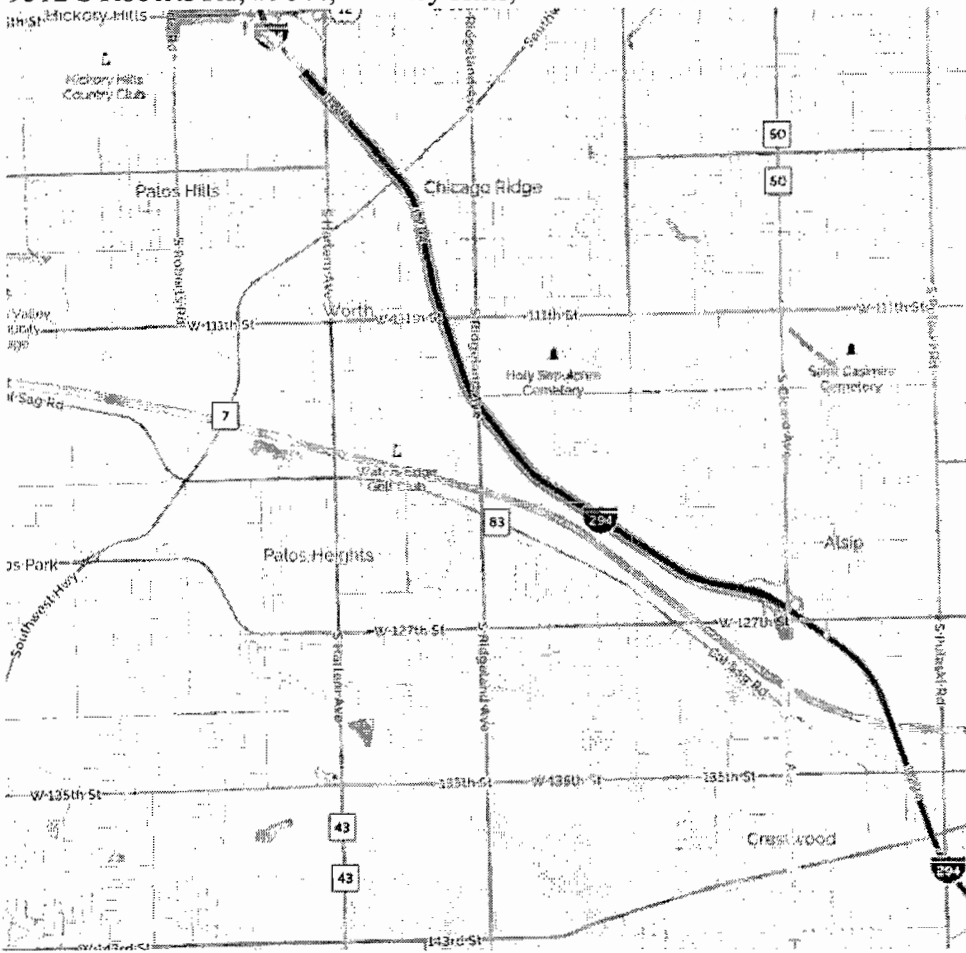
17 MIN | 8.4 MI

Trip time based on traffic conditions as of 5:54 PM on May 31, 2016. Current Traffic: Heavy

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana
(Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 4.97 miles 5.70 total mile:
8. Merge onto S Cicero Ave/IL-50 S.
Then 2.68 miles 8.38 total mile:
9. Make a U-turn at 143rd Pl onto Cicero Ave/IL-50/IL-83.
If you reach 144th St you've gone a little too far.
Then 0.07 miles 8.45 total mile:
10. 14255 CICERO AVE.
If you reach 143rd St you've gone a little too far.

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14255 Cicero
Ave,
Crestwood, IL
60445-2154

YOUR TRIP TO:

15890 Parkhill Dr, Orland Park, IL 60462



24 MIN | 11.4 MI

Trip time based on traffic conditions as of 5:52 PM on May 31, 2016. Current Traffic: Moderate

Start of next leg of route.



1. Start out going south on S Roberts Rd toward Hickory Palos Sq.

Then 0.96 miles 0.96-total mile:



2. Turn left onto W 103rd St.

W 103rd St is just past W 102nd St.

If you reach W 104th St you've gone about 0.1 miles too far.

Then 1.00 miles 1.96-total mile:



3. Turn right onto IL-43/S Harlem Ave.

IL-43 is just past S 73rd Ave.

If you reach the end of 103rd St you've gone about 0.2 miles too far.

Then 6.04 miles 8.00-total mile:



4. Turn right onto W 151st St.

If you reach Evergreen Ave you've gone about 0.1 miles too far.

Then 1.01 miles 9.01-total mile:



5. Turn left onto S 80th Ave.

S 80th Ave is just past Meadow Ln.

If you reach S 81st Ave you've gone a little too far.

Then 1.01 miles 10.03-total mile:



6. Turn right onto W 159th St/US-6 W.

W 159th St is 0.2 miles past W 157th St.

If you are on 80th Ave and reach 160th St you've gone about 0.1 miles too far.

Then 1.38 miles 11.41-total mile:



7. Turn right onto Parkhill Dr.

Parkhill Dr is 0.1 miles past Haven Ave.

Then 0.01 miles 11.41-total mile:



8. 15890 PARKHILL DR is on the left.

If you reach Brookside Ct you've gone about 0.1 miles too far.

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9512 S
Roberts Rd,
#9644

15890 Parkhill
Dr, Orland
Park, IL 60462

YOUR TRIP TO:



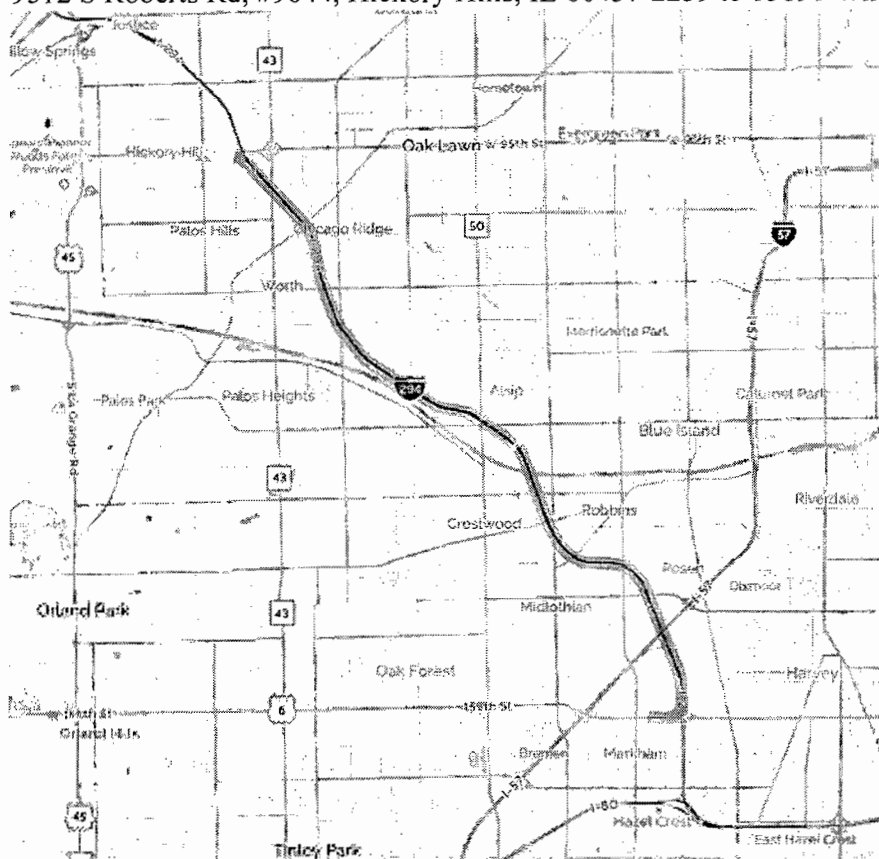
15891 Whipple Ave, Markham, IL 60428-3969

16 MIN | 12.3 MI

Trip time based on traffic conditions as of 11:24 AM on June 1, 2016. Current Traffic: Heavy

1. Start out going south on S Roberts Rd.
Then 0.08 miles 0.08 total mile:
2. Make a U-turn onto S Roberts Rd.
If you reach Hickory Palos Sq you've gone a little too far.
Then 0.13 miles 0.21 total mile:
3. Take the 1st right onto W 95th St/US-20 E/US-12 E.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.43 miles 0.64 total mile:
4. Turn right onto S 76th Ct.
S 76th Ct is just past S 77th Ave.
Then 0.01 miles 0.65 total mile:
5. S 76th Ct becomes S 76th Ave.
Then 0.07 miles 0.72 total mile:
6. S 76th Ave becomes S 76th Ct.
Then 0.00 miles 0.72 total mile:
7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).
If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.
Then 10.67 miles 11.40 total mile:
8. Merge onto W 159th St/US-6 W.
Then 0.91 miles 12.31 total mile:
9. Turn right onto Whipple Ave.
Whipple Ave is 0.1 miles past Richmond Ave.
If you reach Albany Ave you've gone a little too far.
Then 0.01 miles 12.32 total mile:
10. 15891 WHIPPLE AVE is on the right.
If you reach the end of Whipple Ave you've gone about 0.2 miles too far.

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9512 S
Roberts Rd,
#9644

15891 Whipple
Ave, Markham,
IL 60428-3969

YOUR TRIP TO:



16100 La Salle St, South Holland, IL 60473

20 MIN | 15.4 MI

Trip time based on traffic conditions as of 11:25 AM on June 1, 2016. Current Traffic: Light



1. Start out going south on S Roberts Rd.

Then 0.08 miles 0.08 total mile



2. Make a U-turn onto S Roberts Rd.

If you reach Hickory Palos Sq you've gone a little too far.

Then 0.13 miles 0.21 total mile



3. Take the 1st right onto W 95th St/US-20 E/US-12 E.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.43 miles 0.64 total mile



4. Turn right onto S 76th Ct.

S 76th Ct is just past S 77th Ave.

Then 0.01 miles 0.65 total mile



5. S 76th Ct becomes S 76th Ave.

Then 0.07 miles 0.72 total mile



6. S 76th Ave becomes S 76th Ct.

Then 0.00 miles 0.72 total mile



7. Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana

(Portions toll).

If you are on S 76th Ave and reach Industrial Dr you've gone about 0.1 miles too far.

Then 10.67 miles 11.40 total mile



8. Take the US-6/159th Street exit.

Then 0.25 miles 11.65 total mile



9. Keep left at the fork in the ramp.

Then 0.27 miles 11.92 total mile



10. Merge onto US-6 E.

Then 3.42 miles 15.34 total mile



11. Turn left onto La Salle St.

La Salle St is 0.1 miles past Suntone Dr.

If you reach State St you've gone about 0.1 miles too far.

Then 0.09 miles 15.42 total mile



12. 16100 LA SALLE ST is on the left.

If you reach 161st St you've gone a little too far.

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16100 La Sa
St, South
Holland, IL
60473