



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

August 15, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Gail Bumgarner, Sr V.P. Strategy
Rush Copley Surgicenter
2000 Ogden Avenue
Aurora, Illinois 60504

RE: Change of Ownership Exemption
Exemption #: E-026-16, Castle Surgicenter, LLC Aurora, Illinois
Exemption Holder: Rush-Copley Surgicenter, LLC - Copley Memorial Hospital, Inc.
Owner of Physical Plant: Castle Surgicenter, LLC
Entity to be licensed: Castle Surgicenter, LLC

Dear Ms Bumgarner:

On August 12, 2016, the Illinois Health Facilities and Services Review Board/The Chair (State Board) approved your request for a Change of Ownership Exemption (Exemption). This approval was based upon the application's compliance with applicable provisions of 77 Ill. Adm. Code 1130.520.

The exemption is for Castle Surgicenter, LLC Aurora, Illinois.

The entity to be licensed is Castle Surgicenter, LLC.

The exemption involves purchase resulting in the issuance of a license to an entity different from current licensee. The acquisition price value is \$ 13,620,000.

If applicable, within 90 days of the closing date of the transaction, the exemption holder must certify that it did or did not complete the transaction according to the key terms detailed in the application. If any of the key terms of the transaction changed, a new application will be required. Exemption holders who submitted the final transaction document along with their application merely need to notify the State Board of the date the ownership changed.

Please be advised that the Exemption is not transferable or assignable and that the State Board's approval does not exempt the transaction from any other regulatory, certification or licensure requirements that may be applicable prior to this acquisition. Should the facility for which the Exemption was granted cease to be an existing health care facility as defined in 77 Ill. Adm. Code 1130.140, this exemption will be invalid.

Please contact State Board staff at 217-782-3516 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Olson".

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board