

November 15, 2024

John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

Re: Project Completion and Final Realized Costs
Project Number: #18-002
Facility Name: Retina Surgery Center
Facility Address: 8780 W. Golf Road, Suite 102, Niles, Illinois
Permit Holder: Retina Surgery Center, LLC
Permit Amount: \$2,748,386

Dear Mr. Kniery:

I am writing to submit the final realized project cost report for Project No. 18-002. The permit for this Project was granted June 4, 2019. The Project is for the establishment of a limited specialty ambulatory surgical center. The permit provided for a project completion date of July 30, 2020. On March 16, 2022, the Illinois Health Facilities and Services Review Board approved the permit renewal to May 2, 2022. The project was completed on 02/07/2022.

The following table describes the costs of the Project as approved in the permit along with a report of the final costs associated with the Project upon completion:

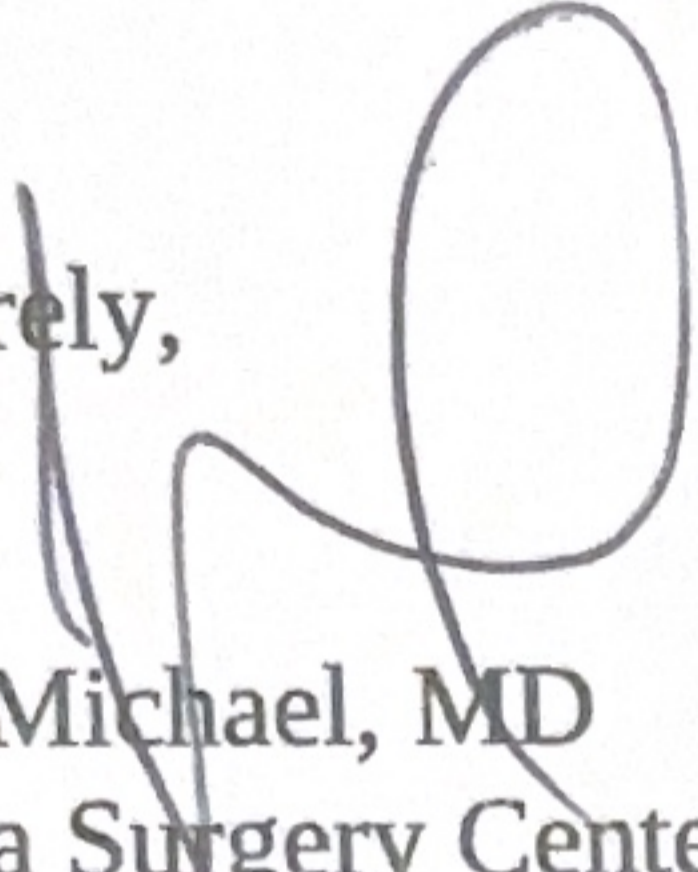
USE OF FUNDS	CON / ALLOWANCE	ACTUAL
Preplanning Costs		
Site Survey and Soil Investigation		
Site Preparation		
Off Site Work		
New Construction Contracts	\$267,500.00	\$290,251.02
Modernization Contracts	\$899,500.00	\$976,002.98
Contingencies	\$89,800.00	
Architectural/Engineering Fees	\$33,000.00	\$100,070.00
Consulting and Other Fees	\$7,000.00	\$14,500.00
Movable or Other Equipment (not in construction contracts)	\$522,166.00	\$575,232.73
Bond Issuance Expense	\$24,000.00	\$-
Net Interest Expense During Construction (project related)		\$15,250.00
FMV of Leased Space or Equipment	\$885,420.00	\$723,093.00
Other Costs to Be Capitalized	\$20,000.00	\$31,336.00
Acquisition of Building/Other Property		
TOTAL USES OF FUNDS	\$2,748,386.00	\$2,725,735.73

I certify that the permit holders have complied with all terms of the permit and that the Project cost, square footage, and services are in accordance with the terms of their permit for the Project that the final realized costs, as itemized, are the total costs required to complete the Project. I further certify that there are no additional or associated costs or capital expenditures related to the Project.

Attached, as Exhibit A, is the final Application and Certification for Payment (G702) for the project.

Please contact myself at johncmichael@aol.com with any questions regarding this filing.

Sincerely,



John Michael, MD
Retina Surgery Center, LLC

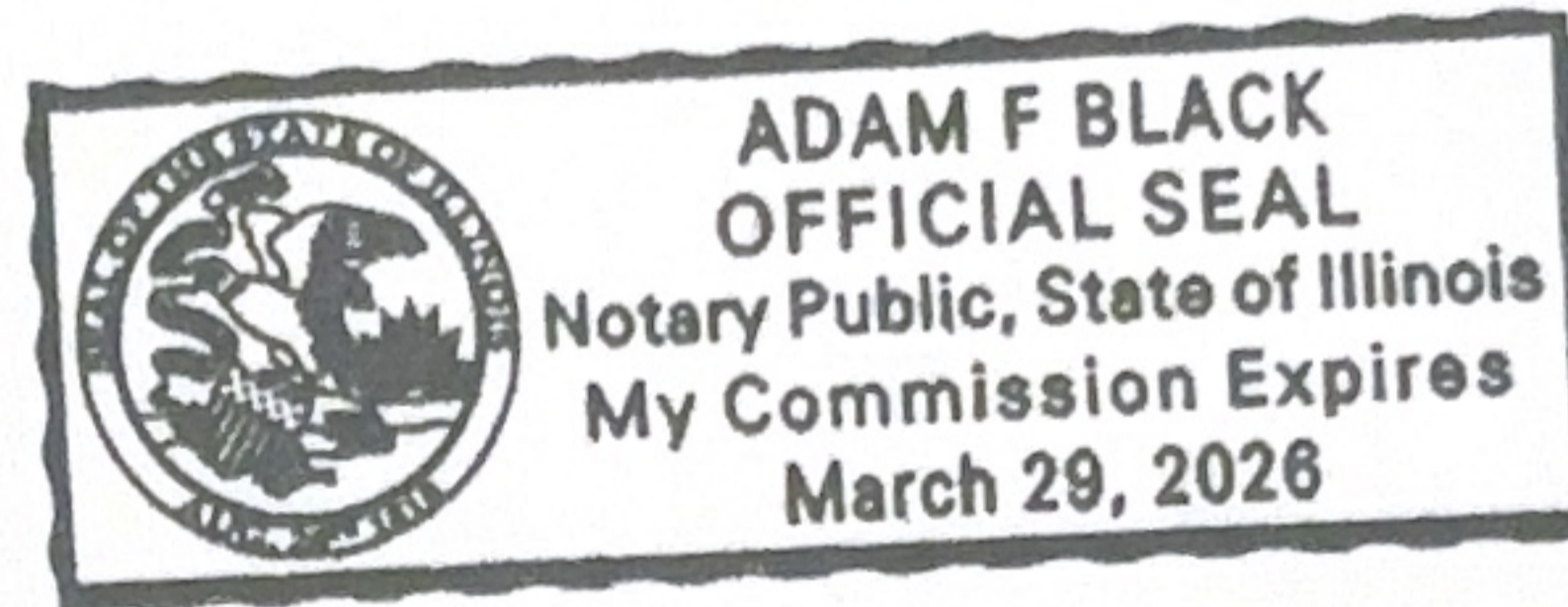
Notarization:

Subscribed and sworn to before me this 16th day of November, 2024.



Signature of Notary

SEAL



Case No. 2022-00123
Project Name: [Faint text]
Case Manager: [Faint text]
Date: [Faint text]

Project Number: 2022-00123
Family Name: [Faint text]
Family Address: [Faint text]
Phone Number: [Faint text]

EXHIBIT A

Dear Mr. [Faint Name]:

I am writing to inform you that the [Faint text] project was granted [Faint text] on [Faint date]. The project will be [Faint text] at the [Faint location]. The project is [Faint text] and will be [Faint text] by [Faint date]. The project was completed on [Faint date].

The following table describes the [Faint text] of the [Faint text] project. The table lists the [Faint text] of the [Faint text] project and the [Faint text] of the [Faint text] project.

[Faint Column 1]	[Faint Column 2]	[Faint Column 3]
[Faint Row 1]	[Faint Row 1]	[Faint Row 1]
[Faint Row 2]	[Faint Row 2]	[Faint Row 2]
[Faint Row 3]	[Faint Row 3]	[Faint Row 3]
[Faint Row 4]	[Faint Row 4]	[Faint Row 4]
[Faint Row 5]	[Faint Row 5]	[Faint Row 5]
[Faint Row 6]	[Faint Row 6]	[Faint Row 6]
[Faint Row 7]	[Faint Row 7]	[Faint Row 7]
[Faint Row 8]	[Faint Row 8]	[Faint Row 8]
[Faint Row 9]	[Faint Row 9]	[Faint Row 9]
[Faint Row 10]	[Faint Row 10]	[Faint Row 10]

AIA Document G702® - 1992

Application and Certificate for Payment

TO OWNER: Retina Surgery Center LLC
 8780 W. Golf Rd.
 Niles, IL 60714
PROJECT: Retina Surgery Center
 8780 W. Golf Rd. Niles, IL 60076
APPLICATION NO: 004
PERIOD TO: 7/30/2021 to 12/30/2021
Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

FROM:
CONTRACTOR: Build Tech Commercial Dev Inc.
 4453 Oakton Street
 Skokie, IL 60076
VIA ARCHITECT: AMB Development Group LLC
 1243 N. 10th Street
 Milwaukee, WI 53205
CONTRACT FOR: Retina Surgical Center
CONTRACT DATE: 8/31/2020
PROJECT NOS: 20-010 /

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. AIA Document G703, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM \$ 1,228,225.00
2. NET CHANGE BY CHANGE ORDERS \$ 38,029.00
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 1,266,254.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 1,266,254.00
5. RETAINAGE:

- a. _____ % of Completed Work
(Columns D - E on G703) \$ 0.00
- b. _____ % of Stored Material
(Column F on G703) \$ 0.00

Total Retainage (Lines 5a + 5b, or Total in Column I of G703) \$ 0.00

6. TOTAL EARNED LESS RETAINAGE \$ 1,266,254.00
(Line 4 minus Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 1,238,000.00
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ 28,254.00

9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 0.00
(Line 3 minus Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	110,279.00	\$
Total approved this month	\$		\$ 72,250.00
TOTAL	\$	38,029.00	\$
NET CHANGES by Change Order	\$	38,029.00	\$

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: [Signature]
 State of: Illinois

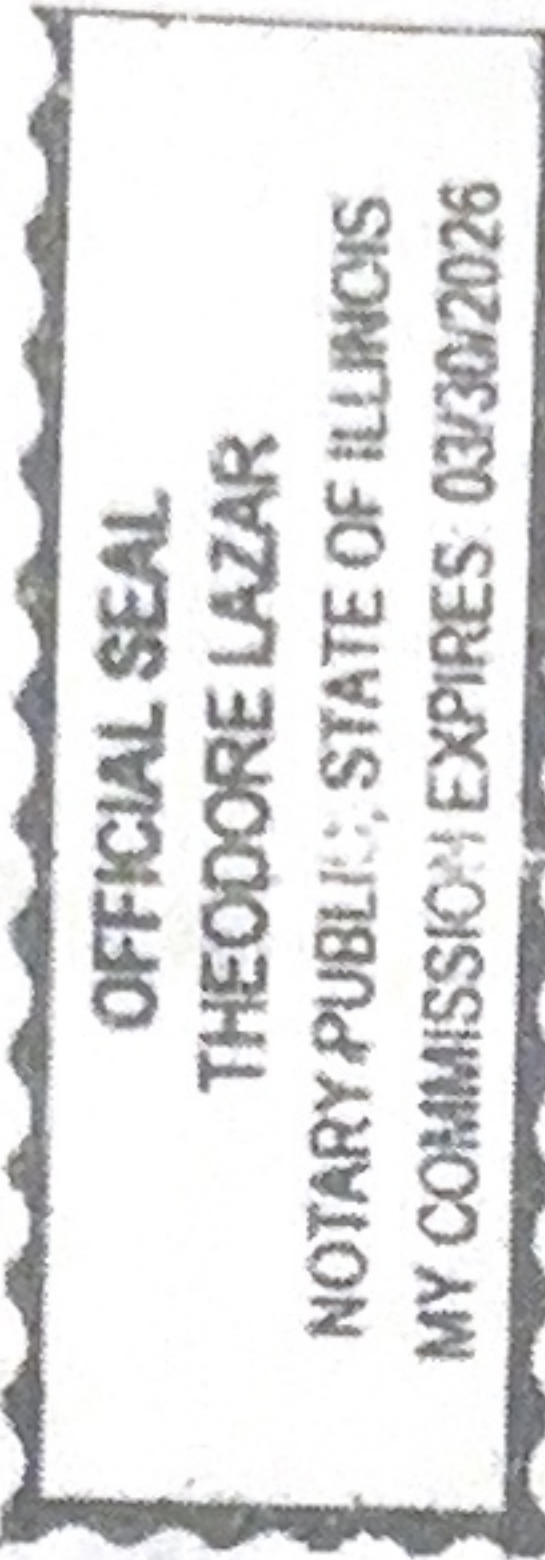
Date: 8-6-2021

County of: Cook

Subscribed and sworn to before me this 6th day of August 2021

Notary Public:

My commission expires: 3-30-2026



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 1,266,254
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: [Signature]

Date: 8/6/2021

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

AIA Document G702® - 1992. Copyright © 1953, 1963, 1965, 1971, 1978, 1983 and 1992 by The American Institute of Architects. All rights reserved. The "American Institute of Architects," "AIA," the AIA Logo, "G702," and "AIA Contract Documents" are registered trademarks and may not be used without permission. This document was created on 08/06/2021 07:39:37 under the terms of AIA Documents on Demand® Order violations, e-mail copyright@aia.org