POLSINELLI

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

April 4, 2019

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express
Via Email

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

Re: River North Center for Reproductive Health (Proj. No. 19-003)

Dear Ms. Avery:

This letter is written in connection with the above referenced project, River North Center for Reproductive Health to include Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C. as co-applicants to the River North Center for Reproductive Health certificate of need application. We have included the following items with this submission:

1. Facility/Project Identification pages for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;

2. Certification Pages for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;

3. Adverse Action Certification for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;

4. Certificates of Good Standing for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.; and

5. Processing fee in the amount of $2,000 made payable to the Illinois Department of Public Health.

POLSINELLI

If you have any questions regarding these materials, please feel free to contact me.

Sincerely,

Anne M. Cooper

Attachments

Facility/Project Identification

Facility Name: River North Center for Reproductive Health				
Street Address: 361 West Chestnut				
City and Zip Code: Chicago, IL 60610				
County:	Cook	Health Service Area:	6	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fertility Surgical Partners LLC 05-131
Street Address: 3703 West Lake Avenue
City and Zip Code: Glenview, Illinois 60026
Name of Registered Agent: Christopher S. Sipe
Registered Agent Street Address: 3703 W. Lake Ave, Ste 310
Registered Agent City and Zip Code: Glenview, IL 60026
Name of Chief Executive Officer: Christopher S. Sipe, M.D.
CEO Street Address:3703 W. Lake Ave, Ste 310
CEO City and Zip Code: Glenview, IL 60026
CEO Telephone Number: 847-998-8200

Type of Ownership of Applicants

☐	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 they are 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: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli
Address: 150 N. Riverside Plaza, Suite 3000, Chicago IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinell.com
Fax Number:

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

Name: Marcus Williamson
Title: Executive Director
Company Name: Fertility Centers of Illinois
Address: 3703 West Lake Ave, Suite 310, Glenview, IL 60026
Telephone Number: 847-916-6252
E-mail Address: Marcus.Williamson@integramed.com

Facility/Project Identification

Facility Name: River North Center for Reproductive Health				
Street Address: 361 West Chestnut				
City and Zip Code: Chicago, IL 60610				
County:	Cook	Health Service Area:	6	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)] 05732

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- 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 is filed on the behalf of Fertility Surgical Partners 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Christopher S. Sipe, M.D.
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4 day of April 2019

Maureen Casey
Signature of Notary

Seal

MAUREEN CASEY
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

SIGNATURE

PRINTED NAME

PRINTED TITLE

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this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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Christopher S. Sipe, M.D. PRINTED NAME	MEIKE L. UHLER, M.D. PRINTED NAME
Manager PRINTED TITLE	Vice President PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 4 day of April 2019
Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
JORENE BIGLER-VOLLMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/10/22

*Insert the EXACT legal name of the applicant

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Christopher S. Sipe, M.D. PRINTED NAME	PRINTED NAME
President PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4 day of April 2019	Notarization: Subscribed and sworn to before me this _____ day of _____
Maureen Casey Signature of Notary	Signature of Notary
Seal MAUREEN CASEY Official Seal Notary Public - State of Illinois My Commission Expires Feb 14, 2022	Seal

*Insert the EXACT legal name of the applicant

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President	Vice-President
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Seal	Seal

OFFICIAL SEAL
JORENE BIGLER-VOLLMAN
NOTARY PUBLIC STATE OF [illegible]
MY COMMISSION EXPIRES [illegible]

*Insert the EXACT legal name of the applicant

Richard Sewell
Interim Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Sewell:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any ambulatory surgical treatment center owned or operated by Fertility Surgical Partners LLC in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Christopher S. Sipe, M.D.
Manager
Fertility Surgical Partners LLC

Subscribed and sworn to me
This 4 day of April, 2019

Maureen Casey
Notary Public

MAUREEN CASEY
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

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Interim Chair
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Sincerely,

Christopher S. Sipe, M.D.
President
Fertility Centers of Illinois, S.C.

Subscribed and sworn to me
This 4 day of April, 2019

Maureen Casey
Notary Public

MAUREEN CASEY
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

File Number 0710258-5

STATE OF ILLINOIS

OFFICE OF THE 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

FERTILITY SURGICAL PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 01, 2018, 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* 4TH *day of* APRIL *A.D.* 2019 .

Authentication #: 1909401794 verifiable until 04/04/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

File Number 5753-595-4

STATE OF ILLINOIS

OFFICE OF THE 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

FERTILITY CENTERS OF ILLINOIS, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1993, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 4TH *day of* APRIL *A.D.* 2019 .

Authentication #: 1909401802 verifiable until 04/04/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

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Manager
Fertility Surgical Partners LLC

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Maureen Casey
Notary Public

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Signature of Notary

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President
PRINTED TITLE

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PRINTED NAME	PRINTED NAME
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_____	Michele L. Uhler
SIGNATURE	SIGNATURE
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PRINTED NAME	PRINTED NAME
President	Vice-President
PRINTED TITLE	PRINTED TITLE
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_____	JoRene Bigler Vollman
Signature of Notary	Signature of Notary
Seal	Seal

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NOTARY PUBLIC - STATE OF [illegible]
MY COMMISSION EXPIRES [illegible]

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