

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name:	Presence Saint Joseph Hospital - Chicago		
Street Address:	2900 North Lake Shore Drive		
City and Zip Code:	Chicago, IL 60657		
County:	Cook	Health Service Area:	006
		Health Planning Area:	A-01

**Legislators**

State Senator Name:	Sara Feigenholtz
State Representative Name:	Jonathan "Yoni" Pizer

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

Exact Legal Name:	Chicago 331 APL RKC, LLC
Street Address:	One Town Center Road, Suite 300
City and Zip Code:	Boca Raton, FL 33486
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Albert Rabil, III
CEO Street Address:	One Town Center Road, Suite 300
CEO City and Zip Code:	Boca Raton, FL 33486
CEO Telephone Number:	561-300-6200

**Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> 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 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:	Joe Ourth
Title:	Attorney
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 N. Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number:	312-876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility Name:	Presence Saint Joseph Hospital - Chicago		
Street Address:	2900 North Lake Shore Drive		
City and Zip Code:	Chicago, IL 60657		
County:	Cook	Health Service Area:	006 Health Planning Area: A-01

**Legislators**

State Senator Name:	Sara Feigenholtz
State Representative Name:	Jonathan "Yoni" Pizer

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

Exact Legal Name:	KACORE REIT I, LLC
Street Address:	One Town Center Road, Suite 300
City and Zip Code:	Boca Raton, FL 33486
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
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## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility Name:	Presence Saint Joseph Hospital - Chicago		
Street Address:	2900 North Lake Shore Drive		
City and Zip Code:	Chicago, IL 6057		
County: Cook	Health Service Area: 006	Health Planning Area: A-01	

**Legislators**

State Senator Name:	Sara Feigenholtz
State Representative Name:	Jonathan Yoni Pizer

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

Exact Legal Name:	Hammes Partners Saint Joseph ACC, LLC
Street Address:	1400 N. Water Street, Suite 500
City and Zip Code:	Milwaukee, WI. 53202
Name of Registered Agent:	National Registered Agents, Inc.
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Patrick Hammes (Vice President)
CEO Street Address:	1400 N. Water Street, Suite 500
CEO City and Zip Code:	Milwaukee, WI 53202
CEO Telephone Number:	414-509-2511

**Type of Ownership of Applicants**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership         |   |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |   |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> Other |

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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**Facility/Project Identification**

Facility Name:	Presence Saint Joseph Hospital - Chicago		
Street Address:	2900 North Lake Shore Drive		
City and Zip Code:	Chicago, IL 60657		
County:	Kane	Health Service Area:	008
		Health Planning Area:	A-89

**Legislators**

State Senator Name:	Sara Feigenholtz
State Representative Name:	Jonathan Yoni Pizer

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

Exact Legal Name:	Hammes Partners II, GP, LLC
Street Address:	1400 N. Water Street, Suite 500
City and Zip Code:	Milwaukee, WI. 53202
Name of Registered Agent:	National Registered Agents, Inc
Registered Agent Street Address:	251 Little Falls Drive
Registered Agent City and Zip Code:	Wilmington, DE 19808
Name of Chief Executive Officer:	Patrick Hammes
CEO Street Address:	1400 N. Water Street, Suite 500
CEO City and Zip Code:	Milwaukee, WI 53202
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**Type of Ownership of Applicants**

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**Additional Contact** [Person who is also authorized to discuss the Application]

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**Post Exemption Contact**

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name:	Gregg Graines
Title:	General Counsel & Senior Vice President
Company Name:	Remedy Medical Properties
Address:	181 W. Madison, Suite 4700, Chicago, IL 60602
Telephone Number:	312-872-4120
E-mail Address:	ggraines@remedy.com
Fax Number:	

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Chicago 331 APL RKC, LLC
Address of Site Owner:	One Town Center Road, Suite 300, Boca Raton, FL 33486
Street Address or Legal Description of the Site:	<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee after the Project is Complete**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Presence Chicago Network Hospitals (No Change)		
Address:	200 S. Wacker Drive, 11th Floor, Chicago, IL 60604		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE</b>			

**LAST PAGE OF THE APPLICATION FORM.****Organizational Relationships**

Provide (for each 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.**



**Narrative Description**

In the space below, provide a brief narrative description of the change of ownership. 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.

Presence Chicago Hospitals Network (the "License Holder") operates Amita Health Saint Joseph Hospital-Chicago within a medical office building, Presence Advanced Care, 331 S. Surf Street in Chicago (the "Property") as part of its hospital operations. The current owner of the property is Hammes Partners Saint Joseph ACC LLC. The ("Existing Owner"). The Existing Owner, through assignment, have executed a Purchase and Sale Agreement dated November 15, 2020, as amended, to sell the Property. The space is part of a medical office building with a total square footage of approximately 345,227. The leased space for the hospital operations comprises 113,489 square feet, or 32.9% of the Property (the "Leased Space"). The License Holder is a tenant in the Property.

This application for a certificate of exemption is for the change in ownership of the physical plant only and there is no change to the ownership or operation of the facility. The License Holder is not party to the proposed transaction.

The Existing Owner has executed a Purchase and Sale Agreement to sell the Property, through assignment, to Chicago 331 APL RKC, LLC (the "New Owner"). The purchase agreement for the Property is subject to the approval of a COE by the Review Board. The sale of the Property is part of a larger real estate transaction of a real estate transaction consisting of multiple buildings nationwide. The purchase price for the Property is \$165,000,000. The Property will be conveyed to the Chicago 331 APL RKC, LLC and recorded with the Cook County Recorder's Office. The Chicago 331 APL RKC, LLC is controlled by and majority owned by KACORE REIT I, LLC, a real estate investment trust (REIT) focused on investing in health care real estate.

The value attributed to the Leased Space based upon square footage is approximately \$54,241,658, which is 32.9% of the Property purchase price of \$165,000,000. The acquisition of the Property by the New Owner is not expected to result in any changes in the operations of the License Holder or the activities or operations conducted in the Lease Space.

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### 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  
Purchase Price:

☒ Yes    ☐ No  
Building and Ground Lease

Fair Market Value:

### Project Status and Completion Schedules

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? Yes \_\_\_ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

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**Anticipated exemption completion date** (refer to Part 1130.570): December 31, 2020.

### State Agency Submittals *NA / Real Estate Only*

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
- ☐ APORS
- ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☐ All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the Application being deemed incomplete.**



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### CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of **Chicago 331 2525 APL RKC, 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.

RR  
SIGNATURE  
Russell Renter  
PRINTED NAME  
Secretary  
PRINTED TITLE

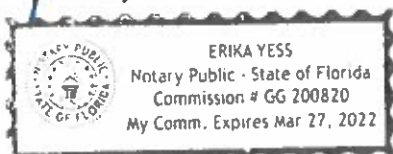
[Signature]  
SIGNATURE  
S. David Serbick  
PRINTED NAME  
Vice President  
PRINTED TITLE

**Notarization:**

Subscribed and sworn to before me  
this 8th day of December, 2020

[Signature]  
Signature of Notary

Seal

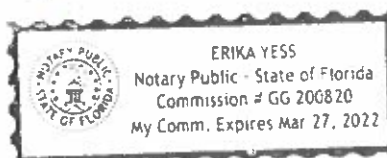


**Notarization:**

Subscribed and sworn to before me  
this 8th day of December, 2020

[Signature]  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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- 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 is filed on the behalf of **KACORE REIT I, 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.

DR  
SIGNATURE

Russell Reiter  
PRINTED NAME

Secretary  
PRINTED TITLE

(S)  
SIGNATURE

S. David Schrick  
PRINTED NAME

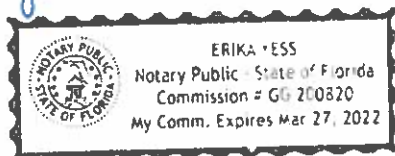
Vice President  
PRINTED TITLE

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Subscribed and sworn to before me  
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Eyess  
Signature of Notary

Seal

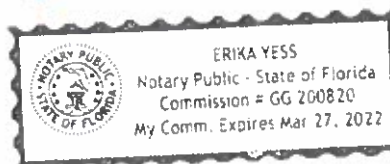


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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

**This Application is filed on the behalf of *Hammes Partners Saint Joseph ACC, 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

Jon D. Hammes  
PRINTED NAME

Managing Member of Hammes Partners II GP, LLC  
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 27th day of December

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal

Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

### CERTIFICATION

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SIGNATURE

Jon D. Hammes  
PRINTED NAME

Managing Member  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 10th day of December

Signature of Notary

Jenna Wilson  
Seal

\*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

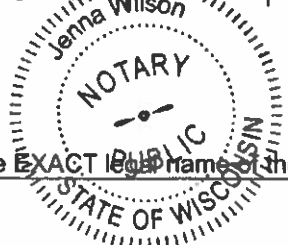
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal



**SECTION II. BACKGROUND.****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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 that the information was 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.**

### SECTION III. CHANGE OF OWNERSHIP (CHOW)

**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☒ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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**1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility**

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2018-2 Edition**

1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

**APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV.CHARITY CARE INFORMATION**

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 7.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2018-2 Edition**

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant Identification including Certificate of Good Standing	19	
2	Site Ownership	20	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	21	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22-30	
5	Background of the Applicant	31	
6	Change of Ownership	32-35	
7	Charity Care Information	36	

**Section I, Identification, General Information and Certification****Attachment 1, Type of Ownership of Applicants**

An organizational chart showing the current corporate structure of the Applicants along with the post-closing ownership structure of the Applicants is included in Attachment 4. Good standing certificates for the Applicants are also attached:

1. Presence Chicago Network Hospitals: is an Illinois not-for-profit corporation and is the licensed operator of Presence Saint Joseph Hospital - Chicago (the "Hospital"). The Hospital leases space within a medical office building for a portion of its hospital services. The Hospital is not a party to the transaction involving the realty, and is included for informational purposes, but not as an applicant.
2. Hammes Partners Saint Joseph ACC LLC ("HPSJ"): HPSJ is a Delaware a limited liability company and the current owner of the medical office building in which a portion of the hospital services are located. Delaware and Illinois Certificates of Good Standing are attached.
3. Hammes Partners II, GP, LLC ("Hammes"): Hammes is a Delaware limited liability company and is the controlling entity of HPSJ and is consequently included as a co-applicant. Because Hammes performs no operations in Illinois it is not required to obtain authorization to do business in Illinois, but a Delaware Certificate of Good Standing is included.
4. Chicago 331 APL RKC, LLC ("Chicago 331"): Chicago 331 is a Delaware limited liability company and will be the entity that will hold title to the real property in which a portion of the Hospital is located. An Delaware Certificate of Good Standing is included and the Illinois authorization to do business in Illinois has been applied for.
5. KACORE REIT I, LLC ("KACORE"): KACORE is a Delaware limited liability company. KACORE is a real estate investment trust and is the controlling entity of Chicago 331 and is consequently included as a co-applicant. Because KACORE performs no operations in Illinois, it is not required to obtain authorization to do business in Illinois, but a Delaware Certificate of Good Standing is included.

**Section I, Identification, General Information and Certification****Attachment 2, Site Ownership**

Presence Saint Joseph Hospital - Chicago is a tenant in a medical office building located at 331 S. Surf Street, Chicago, Illinois 60134 (the "Property"). There should be no change in the Hospital operations as a result of this transaction. The transaction is for the sale of the realty only. The Property is presently owned by Hammes Partners Saint Joseph ACC, LLC. In this proposed transaction the underlying real property will be sold to Chicago 331 APL RKC, LLC. The property will be managed by Remedy Medical Properties, Inc.



**Section I, Identification, General Information and Certification**

**Attachment 3, Operating Identity/Licensee**

Presence Chicago Network Hospitals is an Illinois not-for profit corporation and will continue to be the licensed entity operating the facility.

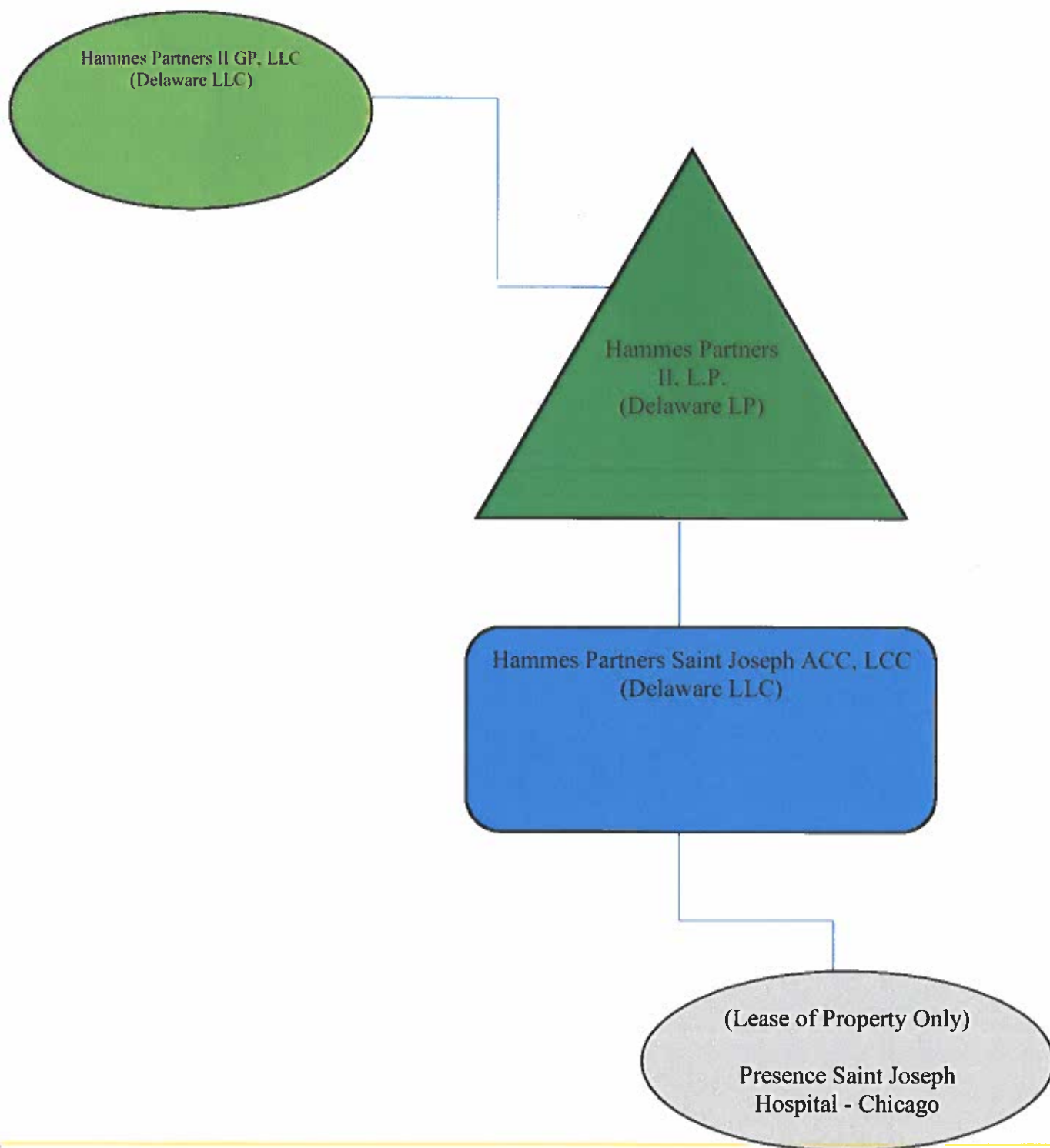
An organizational chart showing the current ownership structure of the realty companies is included in Attachment 4. There should be no change in the licensee's structure as a result of this transaction.

**Section I, Identification, General Information and Certification**

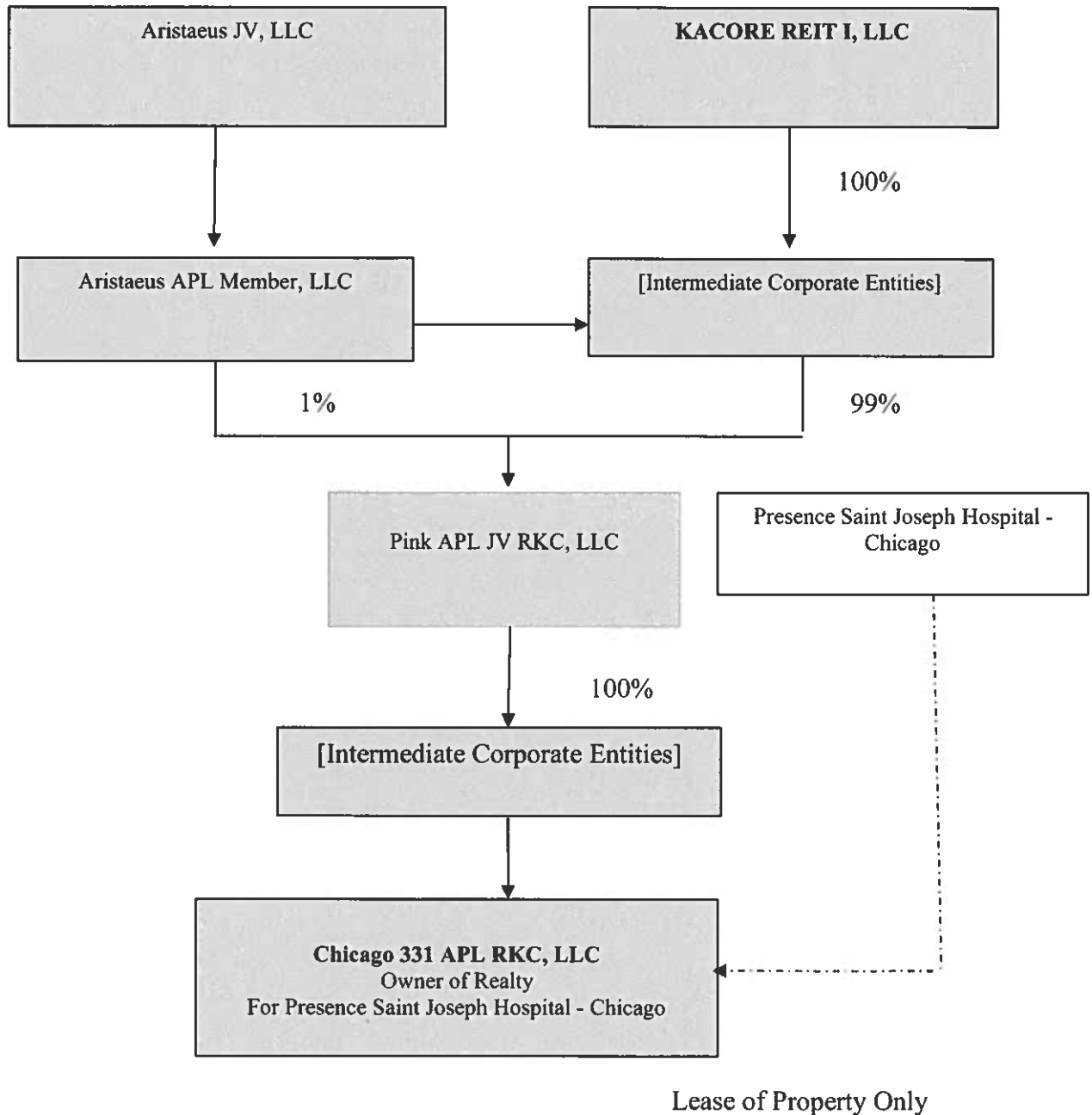
**Attachment 4, Organizational Relationships**

**Pre Closing Organization Chart**

**Chicago 331 APL RKC, LLC  
Presence Saint Joseph Hosptial - Chicago  
(Realty Only)**



**Post Closing Organizational Chart  
Chicago 331 APL RKC, LLC  
Presence Saint Joseph Hospital - Chicago  
(Realty Only)**



Bold names denotes Applicants

File Number

0452164-1



***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***

HAMMES PARTNERS SAINT JOSEPH ACC, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 05, 2013, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED 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 8TH  
day of DECEMBER A.D. 2020 .***

*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 "HAMMES PARTNERS SAINT JOSEPH ACC, 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 EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAMMES PARTNERS SAINT JOSEPH ACC, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2013.

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



5335598 8300

SR# 20208590379

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204261638

Date: 12-08-20



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAMMES PARTNERS II GP, 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 EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAMMES PARTNERS II GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2013.

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



5422557 8300

SR# 20208590379

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204261629

Date: 12-08-20

File Number

0946706-8



***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***

CHICAGO 331 APL RKC, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 03, 2020, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED 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 9TH  
day of DECEMBER A.D. 2020 .***

*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 "CHICAGO 331 APL RKC, 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 THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHICAGO 331 APL RKC, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2020.

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



4307044 8300

SR# 20208546349

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204218640

Date: 12-03-20

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KACORE REIT I, 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 NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KACORE REIT I, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2017.

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



6483901 8300

SR# 20208597337

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204269490

Date: 12-09-20

## Section II, Background

## Attachment 5, Background

1. A listing of all health care facilities owned or operated by the Applicant, including licensing, and certificate if applicable.

The Applicants operate no health facilities.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health facility.

None.

3. 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.

By their signatures on the Certification pages to this application, each of the Applicants attest that to the best of their knowledge no adverse action has been taken against any health facility owned and/or operated by them during the three (3) years prior to the filing of this application.

4. 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.

By their signatures to the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

**Section III, Change of Ownership****Attachment 6, Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility****Section 1130.520, Information Requirements for Change of Ownership of a Health Care Facility****1. 1130.520(b)(1)(A), Names of Parties:**

An organizational chart showing the current corporate structure of the entities listed as b through e below (the "Applicants") and the Hospital, along with the post-closing ownership structure of the Applicants is included in Attachment 4. Good standing certificates for the Applicants are also included

- a. Presence Chicago Network Hospitals: is an Illinois not-for-profit corporation and is the licensed operator of Presence Saint Joseph Hospital - Chicago (the "Hospital"). The Hospital leases space within a medical office building for a portion of its hospital services. The Hospital is not a party to the transaction involving the realty, and is included for informational purposes, but not as an applicant.
- b. Hammes Partners Saint Joseph ACC LLC ("HPSJ"): is a Delaware a limited liability company and the current owner of the medical office building in which a portion of its hospital services are located. Delaware and Illinois Certificates of Good Standing are attached.
- c. Hammes Partners II, GP, LLC ("Hammes"): is a Delaware limited liability company and is the controlling entity of HPSJ and is consequently included as a co-applicant. Because Hammes performs no operations in Illinois it is not required to obtain authorization to do business in Illinois, but a Delaware Certificate of Good Standing is included
- d. Chicago 331 APL RKC, LLC ("Chicago 331"): is a Delaware limited liability company and will be the entity that will hold title to the real property in which a portion of the Hospital is located. An Delaware Certificate of Good Standing is included and the Illinois authorization to do business in Illinois has been applied for.
- e. KACORE REIT I, LLC ("KACORE"): KACORE is a Delaware limited liability company. KACORE is a real estate investment trust and is the controlling entity of Chicago 331 and is consequently included as a co-applicant. Because KACORE performs no operations in Illinois, it is not required to obtain authorization to do business in Illinois, therefore an Illinois Certificate of Good Standing for a foreign limited liability company is not applicable, but a Delaware Certificate of Good Standing is included.



2. **1130.520(b)(1)(B), Background of Parties:** Each of the Applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able and have the qualifications, background and character to adequately provide a proper standard of health service for the community.

By their signatures on the Certification pages to this application, each of the Applicants attest that to the best of their knowledge no adverse action has been taken against any health facility owned and/or operated by each of them during the three (3) years prior to the filing of this application.

3. **1130.520(b)(1)(C), Structure of the Transaction:**

The Hospital is located partially within a medical office located with a street address of 331 S. Surf Street in Chicago (the "Property"). The current owners, through assignment, have executed a Purchase and Sale Agreement dated November 15, 2020 to sell the Property to Chicago 331 APL RKC, LLC. Closing on the purchase agreement for the Property is subject to the approval of a COE by the Review Board.

The purchase price for the Property is \$165,000,000 and the Property will be conveyed to Chicago 331 APL RKC, LLC and recorded with the Kane County Recorder's Office. Chicago 331 is controlled by KACORE. The Hospital is not a party to transaction selling the Property. The Property will be managed by Remedy Medical Properties, Inc. after the transaction.

This application for a certificate of exemption is for the change in ownership of the physical plant only and there is no change to the ownership or operation of the facility.

The spaced leased for the Hospital is located within the Property. The Property size is approximately 345,227 rentable square feet and the Hospital leases approximately 113,489 square feet of the Property (the "Leased Space") which is approximately 32.9% of the Property. The estimated value of the Leased Space is approximately \$54,241,658. The acquisition by Chicago 331 APL RKC, LLC is not expected to result in any changes in the operations of the Hospital or the activities or operations conducted in the Leased Space.

4. **1130.520(b)(1)(D), Name of License Entity after Transaction:** Presence Chicago Network Hospitals will continue to be the licensed entity after the Proposed Transaction. There is no change in the licensed entity as a consequence of the Proposed Transaction.
5. **1130.520(b)(1)(E), List of Ownership/Membership Interests in Licensed Entity Prior to and After Transaction:** An organizational chart showing the current ownership structure of the Applicants, along with the post-closing ownership structure, is included in Attachment 4. Good standing certificates for each of the Applicants are included in Attachment 1.
6. **1130.520(b)(1)(F), Fair Market Value of Assets to be Transferred:** The purchase price for the Property is approximately \$165,000,000. The fair market value of the

licensed Hospital space would be approximately \$54,241,658, which is 32.9% of the purchase price. The transaction is among unrelated parties and the purchase price is the fair market value.

7. **1130.520(b)(1)(G), Purchase Price or Other Forms of Consideration to be Provided:** The Leased Space is approximately 32.9% of the Property. The estimated value of the Leased Space is \$54,241,658 (32.9% x \$165,000,000).

8. **1130.520(b)(2), Affirmations:** In accordance with 77 Ill. Adm. Code §1130.520, each of the Applicants affirm the following:

- a. The transaction documents contain a provision that closing is subject to COE approvals.
- b. No adverse action has been taken against any of the Applicants by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by any of the Applicants, directly or indirectly, within the past three years.
- c. Any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Adm. Code §1130.520.
- d. The Applicants understand that failure to complete the transaction in accordance with the applicable provisions of Section 1130.500(d) no later than 24 months from the date of exemption approval and failure to comply with the material change requirements of this Section will invalidate the exemption.

9. **1130.520(b)(4), Statement as to the Anticipated Benefits of the Proposed Changes in Ownership to the Community.**

There should be no change in the operation of the Applicant facility as a result of the proposed transaction.

10. **1130.520(b)(5), Statement as to the Anticipated or Potential Cost Savings, if any, That Will Result for the Community and the Facility as a Result of the Change in Ownership.**

There should be no change in the operation of the Applicant facility as a result of the proposed transaction.

11. **1130.520(b)(6), Description of the Facility's Quality Improvement Program Mechanism that will be Utilized to Assure Quality Control.**

There should be no change in the operation of the facility as a result of the proposed transaction.

12. **1130.520(b)(2), Description of the applicants' organizational structure, including a listing of controlling or subsidiary persons.**

Diagrams illustrating the ownership structure, both current and post transaction, are provided in Attachment 4.

13. **1130.520(b)(7), Description of the selection process that the acquiring entity will use to select the facility's governing body.**

There should be no change in the process for selecting the governing board of the facility as a result of the proposed transaction.

14. **1130.520(b)(9), Description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within twenty-four (24) months after acquisition.**

To the best of the Applicants' knowledge there are no proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within twenty-four (24) months as a result of the transaction.

**Section IV, Charity Care Information****Attachment 7, Charity Care Information**

<b>CHARITY CARE</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Net Patient Revenue</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Amount of Charity Care (charges)	N/A	N/A	N/A
Cost of Charity Care	N/A	N/A	N/A

This transaction is for the realty only and does not involve the licensed entity.