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June 28, 2023

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Federal Express
Via Email

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

**Re: Northwest Community Hospital Cancer Center (Proj. No. 22-018)
Relinquishment of Permit**

Dear Mr. Kniery:

I am writing on behalf of NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Hospital (collectively, the “Hospital”) to notify the Illinois Health Facilities and Services Review Board (the “State Board”) of the Permit Holder’s relinquishment of the permit to establish a cancer center in Schaumburg, Illinois (the “Project”).

Due to municipal requirements that added elements and cost to the project as well as other cost escalations related to labor and supply chain issues, the Hospital determined it is not feasible to move forward with the Project at this time. The Hospital will maintain the status quo and will continue to assess community need and the best options for going forward to address those needs including maximizing opportunities for education on cancer prevention and early cancer detection and intervention.

If you have any questions pertaining to this request, or need additional information, please feel free to contact me at (312) 873-3606.

Sincerely,

A handwritten signature in blue ink that reads 'Anne M. Cooper'.

Anne M. Cooper

cc: Michael Constantino, HFSRB



CHECK NO.: 821462

821462

REF. #	INV. #	DATE	INVOICE DESCRIPTION	AMOUNT
55742034	062623	06/26/23	CRINV 101546-758696 - Northwest Community Hospital Cancer Center CON permit relinquishment (Pick D, Lucia) 80; 062623	1,000.00
TOTAL			NET	\$1,000.00

DOCUMENT HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER & ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



900 W 48th Place
Suite 900
Kansas City, MO 64112

US Bank
1201
WYANDOTTE
Kansas City, MO
64106

DATE
JUN 26, 2023

821462
NUMBER 821462

PAY: ONE THOUSAND AND 00/100 DOLLAR(S)

AMOUNT
\$*****1,000.00

TO THE ORDER OF
Illinois Department of Public Health
IL Health Facilities & Services Review Board
525 W Jefferson ST 2nd Floor
Springfield, IL 62761

VOID AFTER 1 YEAR

AUTHORIZED SIGNATURE

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$25,000.00

⑈821462⑈ ⑆101000187⑆ ⑈4343953230⑈

ORIGIN ID: CHIA (312) 819-1900 ANNE COOPER POLSINELLI PC 150 N. RIVERSIDE PLAZA SUITE 3000 CHICAGO, IL 60606 UNITED STATES US	SHIP DATE: 28JUN23 ACTWGT: 0.50 LB CAD: 253865984/MSX3600
TO JOHN KNIERY IL HEALTH FAC AND SERVS REV. BD 525 W JEFFERSON ST. 2ND FL SPRINGFIELD IL 62761 (217) 785-1557 INV: REF: 101546756662454 PC: DEPT:	
	
	
TRK# 7804 8509 8532 0201	THU - 29 JUN 10:30A PRIORITY OVERNIGHT IL-US 62761 STL
	

FOLD on this line and place in shipping pouch with bar code and delivery address visible

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2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

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