

**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: Peoria Day Surgery Center, Ltd. (as "Debtor" and "Seller")			
Street Address: 7309 North Knoxville Avenue			
City and Zip Code: Peoria, IL 61614			
County: Peoria	Health Service Area: 2	Health Planning Area: C-01/143	

Legislators

State Senator Name: David Koehler (46 th District)
State Representative Name: Jehan Gordon-Booth (District 92)

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

Exact Legal Name: Peoria Day Surgery Center, Ltd. (IL SOS File# 51308247)
Street Address: 7309 North Knoxville Avenue
City and Zip Code: Peoria, IL 61614
Name of Registered Agent: Justin R. Ahlman, MD
Registered Agent Street Address: 7309 North Knoxville Avenue
Registered Agent City and Zip Code: Peoria, IL 61614
Name of Chief Executive Officer: Justin R. Ahlman, MD
CEO Street Address: 7309 North Knoxville Avenue
CEO City and Zip Code: Peoria, IL 61614
CEO Telephone Number: 309-692-9210

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: Justin R. Ahlman, MD
Title: President
Company Name: Peoria Day Surgery Center, Ltd.
Address: 7309 North Knoxville Avenue Peoria, IL 61614
Telephone Number: 309-692-9210
E-mail Address: ahlmanmd@hotmail.com
Fax Number: 309-683-1003

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

Name: Jennifer Boyer
Title: VP of Operations
Company Name: Springfield Clinic, LLP
Address: 1025 South 6 th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: jboyer@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Tom Fitch
Title: VP of Facilities
Company Name: Springfield Clinic, LLP
Address: 1025 South 6 th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: tfitch@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Cal Thomas
Title: Chief Development Officer
Company Name: Springfield Clinic, LLP
Address: 1025 South 6 th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: cthomas@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Sumner Bourne
Title: Attorney for Debtor as Seller
Company Name: Rafool & Bourne, P.C.
Address: 411 Hamilton, Suite 1600, Peoria, IL 61602
Telephone Number: 309-673-5535
E-mail Address: notices@rafoolbourne.com
Fax Number: 309-673-5537

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

Name: Dan Avants
Title: Senior Counsel
Company Name: Husch Blackwell
Address: 120 South Riverside Plaza Suite 2200, Chicago, IL 60606
Telephone Number: 312-526-1523
E-mail Address: Dan.Avants@huschblackwell.com
Fax Number: 312-655-1501

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: Jennifer Boyer
Title: VP of Operations
Company Name: Springfield Clinic, LLP
Address: 1025 South 6 th Street, Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: jboyer@springfieldclinic.com
Fax Number: 217-528-7294

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Springfield Clinic LLP
Address of Site Owner: 1025 South 6 th Street, Springfield, IL 62703
Street Address or Legal Description of the Site: 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.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

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

Exact Legal Name: Peoria Day Surgery Center, Ltd.			
Address: 7309 N. Knoxville Avenue, Peoria, IL 61614			
☐	Non-profit Corporation	☐	Partnership
☒	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
☐	Other		☐

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Springfield Clinic LLP

Address: 1025 South 6th Street, Springfield, IL 62703

- | | |
|--|---|
| ☐ 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 organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE 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.

This COE Permit Application requests a change in ownership (CHOW) of a licensed multi-specialty ambulatory surgery treatment center (ASTC), which includes a licensed post-surgical recovery care center.

The Applicant, Springfield Clinic, LLP ("Clinic"), proposes to acquire and change the ownership of the Peoria Day Surgery Center, Ltd. ("PDSC", as the "Seller", and "Debtor"), which includes its separately licensed Post-Surgical Recovery Care Center ("PSRCC"), each of which is located in Peoria, IL. The acquisition will be based on an executed Asset Purchase Agreement (APA) pursuant to the enclosed Letter of Intent (LOI) between the Clinic and PDSC, contingent on certain approvals as described herein.

By way of background, PDSC, as Debtor, entered into Chapter 11 Bankruptcy on October 29, 2018 (U S Bankruptcy Court, Central District of Illinois, Peoria, Bankruptcy Case #18- 81615). PDSC (as Debtor and Seller) and Clinic (as Buyer), plan to execute an APA in the coming weeks to sell substantially all of PDSC's assets to the Clinic, subject to a Bankruptcy Court approved auction procedure as well as both IHFSRB and Bankruptcy Court approvals. On April 23, 2021, PDSC's assets were offered at an auction in which other parties were permitted to bid. The purpose of this COE/CHOW Permit Application is for a change in ownership of the PDSC ASTC.

An IHFSRB approved COE/CHOW is required to complete the various transactions required for the sale of the PDSC ASTC as contemplated by the Bankruptcy Court's preliminary approval of the sale, including the respective ownership change and securing the operating licenses required due to the ownership change.

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	☒ Yes	☒ X	☐ No
Purchase Price:	\$ 1,346,260		
Fair Market Value:	\$ 1,346,260		

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.

Peoria Day Surgery Center, Ltd. - No open Permits
Springfield Clinic, LLP – No open Permits

Anticipated exemption completion date (refer to Part 1130.570): Within 30 to 45 days of IHFSRB approval

State Agency Submittals

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.**

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 Ray Williams, CEO and Springfield Clinic, LLP.

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.

Ray Williams
SIGNATURE

Ray Williams,
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

SIGNATURE

Amit Gupta, MD
PRINTED NAME

Board Chair/ Partner
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 3rd day of January, 2022

Susan Caillier
Signature of Notary

Seal
SUSAN CAILLIER
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 3rd day of January, 2022

Susan Caillier
Signature of Notary

Seal
SUSAN CAILLIER
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- 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 Ray Williams, CEO and Springfield Clinic, LLP.

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

Ken Sagins, MD
PRINTED NAME

SIGNATURE

PRINTED NAME

Chief Medical Officer/Partner
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 3rd day of January, 2022

Notarization:

Subscribed and sworn to before me
this ____ day of ____

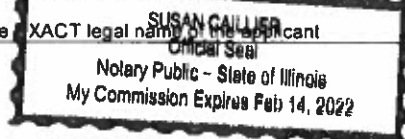
Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant



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."

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.	
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	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
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;	
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)(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 <u>ATTACHMENT 6</u>, 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
Net Patient Revenue			
Amount of Charity Care (charges)	n/a		
Cost of Charity Care	n/a		

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

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		15
2	Site Ownership		16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		n/a
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		17-18
5	Background of the Applicant		19-26
6	Change of Ownership		27-30
7	Charity Care Information		n/a

Attachment 1:

File Number

5130-824-7



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

PEORIA DAY SURGERY CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication ID: 21156022004 verifiable until 06/04/2023
Authentication ID: <http://www.irs.state.il.us>

**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 JUNE A.D. 2021 .**

Jesse White

SECRETARY OF STATE

Attachment 2:

SPRINGFIELD CLINIC, LLP, an Illinois limited liability partnership ("Springfield Clinic"), is currently engaged in advanced negotiations with PEORIA UROLOGICAL INVESTMENT GROUP, LLC, an Illinois limited liability company ("PUIG"), regarding the purchase of the real estate located at 7309 North Knoxville Avenue in Peoria Illinois (the "Real Estate") by Springfield Clinic from PUIG. The parties anticipate that a purchase agreement for the Real Estate will be executed within the next ten (10) days. Upon execution of the purchase agreement for the Real Estate and at the request of the Illinois Health Facilities and Services Review Board, Springfield Clinic will supplement this application with a certification that the purchase agreement for the Real Estate has been executed, along with an anticipated closing date for the closing of the transaction.

Attachment 3:

File Number

0007415-2



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***

**SPRINGFIELD CLINIC HEALTH SERVICES, L.L.C., HAVING ORGANIZED IN THE STATE
OF ILLINOIS ON JUNE 27, 1996, 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.**



Authentication #: 2136303362 verifiable until 12/29/2022
Authenticate at: <http://www.isos.gov>

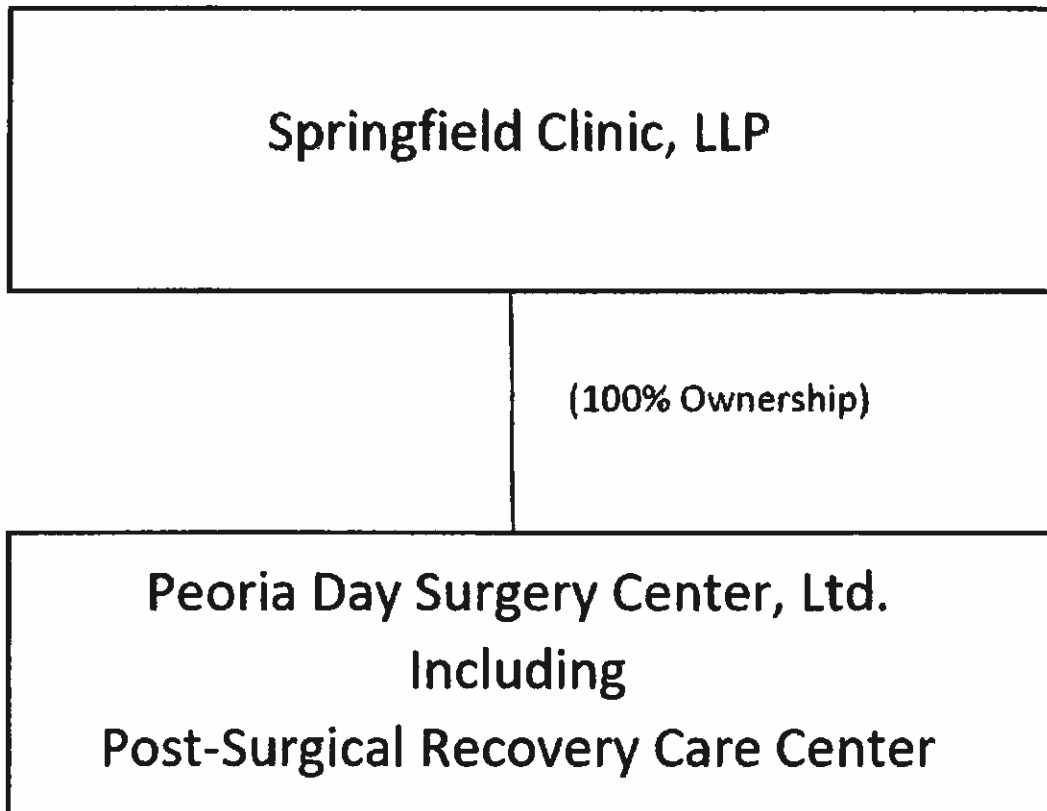
***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of DECEMBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE

Attachment 4:

Post Transaction Closing Organization and Ownership Relationships



Section II Background
Springfield Clinic, LLP (SC)

Background of Applicant (The “Buyer”)

1. See attached licenses and certificates; Attachment 5.1
 - A. Springfield Clinic, LLP
1025 S. 6th Street
Springfield, IL 62703
AAAHHC org # 711; renewal code: 2358571A711
ASTC license number: 7002694
2. See the following background material, herein, for the Springfield Clinic, LLP
3. See attached attestation; Attachment 5.3/5.4
4. See attached attestation; Attachment 5.3/5.4
5. Not Applicable

Attachment 5.1



ACCREDITATION NOTIFICATION

June 16, 2021

Organization #	711		
Organization Name	Springfield Clinic, LLP		
Address	1025 S 6Th St, Po Box 19248		
City State Zip	Springfield	IL	62703-2403
Decision Recipient	Ms. Sonny Hampton, MSN, RN, MBA		
Survey Date	6/2/2021-6/4/2021	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	6/1/2021	Accreditation Term Expires	5/31/2024
Accreditation Renewal Code	2358571A711		
Satellites	See page 2		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
- In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.

NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Additional Information

Improving health care quality through accreditation

5201 Old Orchard RD, STE 200
Skokie, Illinois 60077

TEL 847 853 6060
FAX 847 853 9028

www.aaahc.org
info@aaahc.org

Organization # 711
Organization: Springfield Clinic, LLP
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Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.

Satellites

Springfield Clinic, LLP - 1st - 800 Building
800 N 1st Street
Springfield, IL 62702-3719

Springfield Clinic, LLP - 1st-900 Building
900 North 1st Street
Springfield, IL 62702

Springfield Clinic, LLP - Baylis Medical Building
747 N. Rutledge
Springfield, IL 62701

Springfield Clinic, LLP - Carlinville
20613 N. Broad Street
Carlinville, IL 62626-3717

Springfield Clinic, LLP - Carpenter
350 West Carpenter
Springfield, IL 62702-4902

Springfield Clinic, LLP - Center for Plastic Surgery
2901 Greenbriar Drive
Springfield, IL 62704-6425

Springfield Clinic, LLP - Chiropractic Clinic
355 West Carpenter Street
Springfield, IL 62702-4922

Springfield Clinic, LLP - Decatur Pediatrics
637 E Snyder DR
Decatur, IL 62526-4766

Springfield Clinic, LLP - Decatur
250 West Kenwood Avenue
Decatur, IL 62526-4371

Springfield Clinic, LLP - Family Practice Center
1100 Centre West Dr
Springfield, IL 62704-2100

Organization # 711
Organization: Springfield Clinic, LLP
June 16, 2021
Page 3

Springfield Clinic, LLP - Flora
501 North Main Street
Flora, IL 62839-1405

Springfield Clinic, LLP - Hillsboro East Building
1250 East Tremont
Hillsboro, IL 62049-1912

Springfield Clinic, LLP - Hillsboro West Building
1280 East Tremont Street
Hillsboro, IL 62049

Springfield Clinic, LLP - Jacksonville
15 Founders Lane
Jacksonville, IL 62650-3918

Springfield Clinic, LLP - Kake Mill
901 South Kake Mill Road
Springfield, IL 62711

Springfield Clinic, LLP - Lincoln
100 Stahlhut Dr
Lincoln, IL 62656-5059

Springfield Clinic, LLP - Macomb
505 East Grant Street
Suite 110
Macomb, IL 61455-3394

Springfield Clinic, LLP - MOHA Decatur
250 West Kenwood Avenue
Decatur, IL 62526-4371

Springfield Clinic, LLP - MOHA Jacksonville
1000 West Morton Avenue
Jacksonville, IL 62650-3145

Springfield Clinic, LLP - MOHA Springfield
755 Engineering Avenue
Springfield, IL 62703-5909

Springfield Clinic, LLP - Moweaqua
620 North Putnam
Suite A
Moweaqua, IL 62550-9482

Springfield Clinic, LLP - Mt. Pulaski
1112 North Topper Drive
Mt. Pulaski, IL 62548

Organization # 711
Organization: Springfield Clinic, LLP
June 16, 2021
Page 4

Springfield Clinic, LLP - Neoga
223 East 6th Street
Neoga, IL 62447-1629

Springfield Clinic, LLP - Newton
601 West Washington, Suite 3
Newton, IL 62488-1249

Springfield Clinic, LLP - Nokomis
105 East State Street
Nokomis, IL 62075-1341

Springfield Clinic, LLP - Optical Centre West
1937 W Des Ave
Springfield, IL 62704-4177

Springfield Clinic, LLP - Pediatric and Adolescent Center
2532 Faragut Drive
Springfield, IL 62704-1433

Springfield Clinic, LLP - Peoria
1001 Main St. Suite 300
Peoria, IL 61606

Springfield Clinic, LLP - Peoria Heights
4616 North Prospect Road
Peoria Heights, IL 61616

Springfield Clinic, LLP - Peoria Proctor
5401 N Knoxville Ave Ste 215
Peoria, IL 61614-5021

Springfield Clinic, LLP - Raymond
801 N O'Bannon
Raymond, IL 62560-5283

Springfield Clinic, LLP - Rehabilitation Services
3020 South 6th Street
Springfield, IL 62703

Springfield Clinic, LLP - Sherman
400 St. John's Drive
Sherman, IL 62684

Springfield Clinic, LLP - Sherman Rehabilitation Services
129 Illini Boulevard
Sherman, IL 62684

Springfield Clinic, LLP - Stewardson
421 South Pine Street
Stewardson, IL 62463-1341



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Organization: Springfield Clinic, LLP
June 16, 2021
Page 5

Springfield Clinic, LLP - Taylorville
600 N Main Street
Taylorville, IL 62568-1668

Springfield Clinic, LLP - The Pavilion
301 N 8th St
Suites 3B00 & 3B134
Springfield, IL 62701-1041

Springfield Clinic, LLP - Urgent Care Jacksonville
1000 W Morton Avenue
Jacksonville, IL 62650-3152

Springfield Clinic, LLP - West Wabash
4525 West Wabash Ave., Suites D & E
Springfield, IL 62711-7038

Springfield Clinic, LLP- Decatur- Lake Shore
1750 East Lake Shore Drive, Suite 200
Decatur, IL 62521

Springfield Clinic, LLP- Effingham Dermatology
801 W. Temple Avenue
Effingham, IL 62401

Springfield Clinic, LLP- Effingham
300 North Maple
Effingham, IL 62401-2003

Springfield Clinic, LLP- Taylorville-Cheney
500 North Cheney Street
Taylorville, IL 62538-1139

Springfield Clinic, LLP-HSHS St. John's Health Center
1100 East Lincolnshire Blvd
Springfield, IL 62703

Springfield Clinic, LLP-Monroe
2325 W Monroe
Springfield, IL 62703

 **Illinois Department of
PUBLIC HEALTH** HF 123986
VOID

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The individual or corporation whose name appears on this certificate has complied with the provisions of the Illinois Health Facilities and Services Act, and is hereby authorized to engage in the activity indicated below.

Ngazi O. Ezike, M.D.
Director

Expiration Date 12/31/2022	Lic Number 7002694
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Ambulatory Surgery Treatment Center

Effective: **01/01/2022**

Springfield Clinic, LLP
1025 South Sixth Street
Springfield, IL 62703

The face of this license has a colored background. Printed by Authority of the State of Illinois • PCL 019-620-001 10M 8/18

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CONSPICUOUS PLACE**

Exp. Date 12/31/2022

Lic Number 7002694

Date Printed 10/12/2021

Springfield Clinic, LLP

1025 S 6th St
Springfield, IL 62703-2403

FEE RECEIPT NO.



Ray Williams, CEO and Springfield Clinic, LLP, hereby attests that there are no adverse actions, as the term is defined within the rules of the Illinois Health Facilities and Services Review Board (IHFSRB), taken against it in the three (3) years preceding this permit application.

Additionally, this attestation authorization permits 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.

Attested By:

Ray Williams
Chief Executive Officer

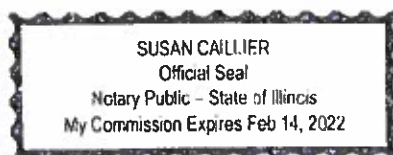
Notarization:

Subscribed and sworn to before me
this 3rd day of January, 2022

Printed Name

Signature of Notary

Seal



SPRINGFIELD CLINIC MAIN CAMPUS
105 South 6th Street • P.O. Box 16248 • Springfield, IL 62702
217.526.7040 • 800.474.7041 • www.SpringfieldClinic.com

Section 1130.520
Exemption Requirements
Change of Ownership

Section 1130.520 Applicable Review Criteria

1130.520 (b) (1) (A). Names of the Parties

The parties are

1. Peoria Day Surgery Center, Ltd. ("The Seller")
2. Springfield Clinic, LLP ("The Buyer")

1130.520 (b) (1) (B). Names of the Parties

Please reference the associated documents herein, in particular, Attachment 5, inclusive of the parties subject to this change of ownership (CHOW) COE Permit Application.

1130.520 (b) (1) (C). Transaction Structure

Please see the associated Letter of Intent between Peoria Day Surgery Center, Ltd. ("PDSC") and Springfield Clinic, LLP dated December 13, 2021, attached to this respective COE/CHOW Permit Application. Post-closing Peoria Day Surgery Center, LLC will become an operating entity of Springfield Clinic, LLP.

1130.520 (b) (1) (D). Licensee

Springfield Clinic, LLP

1130.520 (b) (1) (E). Ownership

- A. Peoria Day Surgery Center, Ltd. (PDSC) as the "Seller", is legally organized as a for-profit general corporation.
- B. On transaction closing, Springfield Clinic, LLP as the "Buyer" will, subject to the terms and conditions set for in the Asset Purchase Agreement, purchase the Seller's assets as defined, therein, as "Purchased Assets". Springfield Clinic, LLP will therefore, own one-hundred percent (100%) of the Seller's ASTC. The ASTC and related PSRCC will be operated by Springfield Clinic, LLP. Post-closing PDSC will be wound down and liquidated in the bankruptcy.

1130.520 (b) (1) (F). Fair Market Value

The best indication of the Fair Market Value is the purchase price offered by Buyer (\$650,000), which is pending formal approval by the Bankruptcy Court.

* Expectation court will approve.

1130.520 (b) (1) (G). Purchase Price

Please see 1130.520 (b) (1) (F) above

SPRINGFIELD CLINIC, LLP, an Illinois limited liability partnership ("Springfield Clinic"), is currently engaged in advanced negotiations with PEORIA UROLOGICAL INVESTMENT GROUP, LLC, an Illinois limited liability company ("PUIG"), regarding the purchase of the real estate located at 7309 North Knoxville Avenue in Peoria Illinois (the "Real Estate") by Springfield Clinic from PUIG. The parties anticipate that a purchase agreement for the Real Estate will be executed within the next ten (10) days. Upon execution of the purchase agreement for the Real Estate and at the request of the Illinois Health Facilities and Services Review Board, Springfield Clinic will supplement this application with a certification that the purchase agreement for the Real Estate has been executed, along with an anticipated closing date for the closing of the transaction.

1130.520 (b) (2) Permit Affirmation

Not applicable.

1130.520 (b) (3) Charity Care Policy

Not applicable.

1130.520 (b) (4) Community Benefits

Springfield Clinic, LLP. supports the community via the partnership outreach programs. These programs benefit the underserved communities and patients with disabilities.

1130.520 (b) (5) Potential Cost Savings

By their very nature, procedures performed in an ASTC are considered to be a least cost surgery alternative. Hence, through the Buyer's initiative, the Seller's surgical resources will be retained in the community and current cost savings will continue. There are no anticipated additional material cost savings through a change of ownership of this respective healthcare facility.

1130.520 (b) (6) Quality Improvement Program

Not applicable

1130.520 (b) (7) Governing Body Selection

The Buyer's legal entity, Springfield Clinic, LLP, is governed by a Board of Managers chosen in accordance with the Second Amendment and Restated Operating Agreement for the Springfield Clinic, LLP. Similarly, day-to-day management will be delegated to other officers and employees consistent with current practice. The newly licensed ASTC entity will also have a medical staff with its own Governance provisions.

1130.520 (b) (8) Response to Criterion 1110.240

Not applicable.

1130.520 (b) (9) Service Scope Change

No changes are being contemplated due to the requested change in ownership.

Appendix

1. Peoria Day Surgery Center, LTD
Bankruptcy Petition #18-81615, filed 10/29/2018,
US Bankruptcy Court, Central District of Illinois (Peoria)

Appendix 1

2. Letter of Intent, Dated December 13, 2021

Appendix 2

3. Report of Auction Sale, United States Bankruptcy Court for the Central District of Illinois, Peoria Division, dated April 23, 2021.

Appendix 3

Appendix 1
Peoria Day Surgery Center, LTD
Bankruptcy Petition #18-81615, filed 10/29/2018,
US Bankruptcy Court, Central District of Illinois (Peoria)

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2. *Staphylococcus aureus*

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Latest Dockets

Case No.	Case Title
202001	Case Description: After receiving a telephone call on 1/27/2020, the on-duty police sergeant, Joe Adams (3025), advised the complainant that the complainant's phone number was not in the phone directory. He advised the complainant that the phone number was not in the phone directory.
202002	Case Description: After receiving a telephone call on 1/27/2020, the on-duty police sergeant, Joe Adams (3025), advised the complainant that the complainant's phone number was not in the phone directory. He advised the complainant that the phone number was not in the phone directory.
202003	Case Description: After receiving a telephone call on 1/27/2020, the on-duty police sergeant, Joe Adams (3025), advised the complainant that the complainant's phone number was not in the phone directory. He advised the complainant that the phone number was not in the phone directory.
202004	Case Description: After receiving a telephone call on 1/27/2020, the on-duty police sergeant, Joe Adams (3025), advised the complainant that the complainant's phone number was not in the phone directory. He advised the complainant that the phone number was not in the phone directory.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition**

02/24/2021	333	BMC Certificate of Filing - FC Document #2 Related documents(333 Order Confirming Sale) No. of Notices: 1, Notice Date 02/24/2021 (Amend) Entered 02/24/2021
02/24/2021	333	Order Confirming Sale (Court entry) Entered 02/24/2021
02/22/2021	333	Facilities Sale Proceeds Summary - Bourne on behalf of Peoria Day Surgery Center Ltd. FC related documents(334 Motion to Sell Supplies/Equipment) (Bourne Summary) Entered 02/22/2021
02/22/2021	333	Debtors in Possession Monthly Operating Report for filing Period January 2021 Filed by Sumner A. Bourne on behalf of Peoria Day Surgery Center Ltd. (Attachments: # 1) Suppliers D/P Account Statement - 1 Supplement Sweet Account Statement (Bourne Summary) Entered 02/22/2021
02/22/2021	333	Debtors in Possession Monthly Operating Report for filing Period December 2020 Filed by Sumner A. Bourne on behalf of Peoria Day Surgery Center Ltd. (Attachments: # 1) Suppliers D/P Account Statement - 1 Supplement Sweet Account Statement (Bourne Summary) Entered 02/22/2021
02/18/2021	333	BMC Certificate of Filing - FC related documents(333 Sale Document Deficiency) Notice/No. of Notices: 1, Notice Date 02/18/2021 (Amend) Entered 02/18/2021
02/17/2021	333	Notice of Sale Document Deficiency - FC related documents(333 Amended Notice of Application Filed by Debtor Peoria Day Surgery Center Ltd) Sale Document Deficiency Due 3/3/2021 (Court entry) Entered 02/17/2021

1 2021 History

LETTER OF INTEREST

THIS LETTER OF INTEREST (the "LOI") is made and entered into effective as of December 13, 2021 (the "Effective Date") by **SPRINGFIELD CLINIC, L.L.P.**, an Illinois limited liability partnership, ("Proposed Buyer"), and **PEORIA DAY SURGERY CENTER, LTD.**, an Illinois corporation and Debtor-In-Possession ("PDSC"). Springfield Clinic and PDSC are each a ("Party") and collectively, the ("Parties") with respect a proposed affiliation transaction between the Parties as further described herein (the "Proposed Transaction"). This LOI is non-binding upon the Parties, and solely intended as a description of an anticipated offer for substantially all of the assets of PDSC followed by a motion and requested order of the United States Bankruptcy Court for the Central District of Illinois pursuant to 11 U.S.C. §363 (the anticipated "Sale Order").

WHEREAS, Proposed Buyer owns and operates a multispecialty medical group practice.

WHEREAS, PDSC operates an ambulatory surgery center ("ASC") and postsurgical recovery care center ("RCC"), which are separately licensed by the State of Illinois and located at 7309 N. Knoxville Avenue, Peoria, Illinois (the ASC and RCC are collectively referred to herein as the "Facility").

WHEREAS, PDSC is a Debtor-In-Possession in the bankruptcy case titled *In re Peoria Day Surgery Center, Ltd., f/k/a Peoria Day Surgery Center, S.C.*, Case Number 18-81615 in the United States Bankruptcy Court for the Central District of Illinois, Peoria Division.

WHEREAS, in furtherance of these negotiations on December 13, 2021, PDSC executed a Confidentiality and Standstill Agreement ("Confidentiality/Standstill Agreement") with said agreement barring PDSC from seeking competing bidders or otherwise "shopping" its assets for a forty-five (45) day period commencing on December 13, 2021.

NOW, THEREFORE, in consideration of the foregoing recitals and the Confidentiality/Standstill Agreement, Proposed Buyer formally states interest in a Proposed Transaction for sale of substantially all of the assets of PDSC under the following terms:

1. A gross sale price of \$650,000.00 for substantially all of the assets of PDSC, except the following which would be assets excluded from the sale:
 - a. Accounts Receivable;
 - b. Deposit Accounts;

- c. Any causes of action available to PDSC or a subsequent bankruptcy trustee against third parties, including but not limited to actions under Section 5 of the United States Bankruptcy Code.
2. From the gross sale price proceeds, PDSC and its bankruptcy estate would be responsible for full payoff of the secured claims of **Regions Bank and Peoria Independent Physicians LLC** which amounts would be paid at closing of the Proposed Transaction and would not be the responsibility of the Proposed Buyer.
3. Proposed Buyer would assume, and would indemnify PDSC and its bankruptcy estate, for any past, present or future claims (both the unsecured bankruptcy claim on file and potential administrative claims in PDSC's bankruptcy case) for damages under the lease agreements between PDSC and Peoria Urological Investment Group ("PUIG"). No conditions or contingencies for entry of a new lease or other transaction between PUIG and Proposed Buyer will be part of the Proposed Transaction.
4. No conditions and contingencies for successful application or transfer of the ASC or the RCC, or other licensing, will be part of the Proposed Transaction.
5. Closing on the Proposed Transaction would occur within thirty (30) days from the Sale Order.

NOW, THEREFORE the Parties make the following additional statements.

1. **Negotiations Toward Definitive Agreements.** Proposed Buyer and PDSC intend to diligently engage in good faith discussions and negotiations on a good faith basis with each other, leading to the development and the execution of all agreements and other documents (collectively, the "Definitive Agreements") necessary to achieve the Proposed Transaction. The discussions and negotiations (the "Negotiations") will be carried on with regularity from the date of execution of this LOI, until they reach a successful conclusion or until any continued hearing on the pending motion of PDSC to dismiss its bankruptcy case, whichever comes first. The Parties acknowledge and agree that time is of the essence with respect to the Negotiations.
2. **Non-Binding Provisions.** The provisions of the LOI reflect the mutual understanding of the Parties with respect to the matters described in them, but each Party acknowledges that the Non-Binding Provisions are not intended to create or constitute a legally binding obligation between the Parties, and no Party shall have any liability to any other Party with respect to the Non-Binding Provisions until the Definitive Agreements is prepared, authorized, executed and delivered by and between the Parties.
3. **Effect of LOI.** In the absence of the Definitive Agreements and approval of the United States Bankruptcy Court, the failure by either Party to agree to the Definitive Agreements shall not, in and of itself, give rise to any legally enforceable right or claim for damages or injunctive relief or any other form of judicially recognized award

or right with respect to the Proposed Transaction or the consummation thereof. No past or future action, course of conduct, or failure to act relating to the Proposed Transaction, or relating to the negotiations of the terms of the Definitive Agreements, will give rise to or serve as a basis for any obligation or other liability on the part of any Party.

4. **Counterparty.** This LOI may be executed in one or more counterparts, each of which will be deemed to be an original copy of this LOI and all of which, when taken together, will be deemed to constitute one and the same agreement. Facsimile or email transmission of a true scanned copy of any signed original counterpart transmission shall be deemed the same as the delivery of an original.

IN WITNESS WHEREOF, the Parties have executed this LOI effective as of the Effective Date.

Dated and Effective: December 13, 2021

SPRINGFIELD CLINIC, L.L.P.

By: 
Name: Ray Williams
Title: CEO

**PEORIA DAY SURGERY CENTER,
LTD.**

By: 
Name: Sumner A. Bourne
Its Attorney

Appendix 3
Bankruptcy Court Auction Sale Result, April 23, 2021

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**UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF ILLINOIS
PEORIA DIVISION**

IN RE:	}	Chapter 11
	}	
PEORIA DAY SURGERY CENTER, LTD.,	}	Case No. 18-81615
	}	
Debtor.	}	

REPORT OF AUCTION/SALE

NOW Comes **PEORIA DAY SURGERY CENTER, LTD.**, debtor and debtor in possession ("Debtor"), by and through its counsel Sumner A. Bourne of Rafool & Bourne, P.C., and makes the following report of the results of the auction of substantially all of the Debtor's assets that occurred as scheduled on April 23, 2021:

1. The highest and best bid, in the judgment of the Debtor and the Winning Bidder, was submitted by **CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC** for a gross amount of \$1,150,000.00, with the assets included and terms of sale being substantially contained in the Asset Purchase Agreement dated April 6, 2021, previously filed with the Court [Docket No. 358]. The only substantial change in the Asset Purchase Agreement, other than the offer price, is removal of the purchase price adjustment provision contained in Section 7.02(g) which was made part of the bid.

2. The second highest bid, and designated as the Back-Up Bidder under the sale procedures approved in this case, was submitted by **THE METHODIST MEDICAL CENTER OF ILLINOIS** with a proposed Asset Purchase Agreement dated April 19, 2021, and a gross amount of \$1,100,000.00.

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3. The Debtor intends to move forward with bankruptcy court approval of the above-stated bid/offer made by the Winning Bidder at the hearing set by the United States Bankruptcy Court for April 29, 2021 at 11:00 AM (CST).

Dated: April 23, 2021

Respectfully Submitted,
PEORIA DAY SURGERY CENTER, Ltd.,

BY: /s/ Sumner A. Bourne
Attorney for Debtor

Sumner A. Bourne
Rafael & Bourne, P.C.
411 Hamilton, Suite 1600
Peoria, IL 61602
Telephone: (309) 673-5535
Email: notifications@rafaelbourne.com

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Document Page 3 of 3

CERTIFICATE OF SERVICE

The undersigned certifies that an electronic copy of this filing was served by email on April 23, 2021 through the Court's ECF noticing system to parties that have entered their appearance in the case as stated below:

- Mark A Bogdanowicz mbogdanowicz@howardandhoward.com, pkinsman@howardandhoward.com
- James S Cole jcole@wasingerdaming.com, slay@wasingerdaming.com
- Casey Christopher Kepple ckepple@kepplelawllc.com
- James LaFante jlafante@lafantelaw.com
- Mark A Ludolph mludolph@heyloyster.com, mmajdic@heyloyster.com; peoctdocket@heyloyster.com
- Sabrina M Petesch sabrina.m.petesch@usdoj.gov
- Katherine Leslie Swise katherine.swise@mhlaw.com
- U.S. Trustee USTPRegion10.PE.ECF@usdoj.gov
- Jamie Fowler Wiley jamie.wiley@usdoj.gov

The undersigned certifies that a PDF version of this filing was also served by electronic mail upon the following on April 24, 2021:

R. Scott Moore
Lewis Rice LLC
Attorney for Winning Bidder
smoore@lewisrice.com

BY: /s/ Sumner A. Bourne
Attorney for Debtor