

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: Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center (Real Estate Only)		
Street Address: 998 129 th Infantry Drive		
City and Zip Code: Joliet, Illinois 60435		
County: Will	Health Service Area: 009	Health Planning Area: 197

Legislators

State Senator Name: Meg Loughran Cappel
State Representative Name: Natalie A. Manley

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

Exact Legal Name: Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center
Street Address: 998 129 th Infantry Drive
City and Zip Code: Joliet, Illinois 60435
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of Chief Executive Officer: Susan Sorg, R.N.
CEO Street Address: 998 129 th Infantry Drive
CEO City and Zip Code: Joliet, Illinois 60435
CEO Telephone Number: 815-744-3000

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input checked="" 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	

☐ Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
☐ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman and Anne M. Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com; acooper@polsinelli.com

Fax Number:

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

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County: Will	Health Service Area: 009	Health Planning Area: 197

Legislators

State Senator Name: Meg Loughran Cappel
State Representative Name: Natalie A. Manley

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

Exact Legal Name: LB Properties XI, L.L.C.
Street Address: 998 129 th Infantry Drive
City and Zip Code: Joliet, Illinois 60435
Name of Registered Agent: Susan Sorg
Registered Agent Street Address: 998 129 th Infantry Drive
Registered Agent City and Zip Code: Joliet, Illinois 60435
Name of Chief Executive Officer: Richard Natland
CEO Street Address: 9 Windsor
CEO City and Zip Code: Newport Beach, California 92660
CEO Telephone Number:

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	<input type="checkbox"/>

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Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639

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

E-mail Address: kfriedman@polsinelli.com
Fax Number:

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.

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Street Address: 998 129 th Infantry Drive		
City and Zip Code: Joliet, Illinois 60435		
County: Will	Health Service Area: 009	Health Planning Area: 197

Legislators

State Senator Name: Steve Stadelman
State Representative Name: Dave Vella

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

Exact Legal Name: MOR AmSurg RE LLC
Street Address: One Westbrook Corporate Center, Suite 240
City and Zip Code: Westchester, Illinois 60154
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 South LaSalle Street, Suite, 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of Chief Executive Officer: Brian Cole
CEO Street Address: 1611 West Harrison Street
CEO City and Zip Code: Chicago, Illinois 60612
CEO Telephone Number: 312.735.3576

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
Other	<input type="checkbox"/>

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
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Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

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

Telephone Number: 312-312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: Randal Johnson
Title: Chief Financial Officer
Company Name: Midwest Orthopaedics at Rush
Address: 1611 West Harrison Street, Chicago, Illinois 60612
Telephone Number: 877-632-6637
E-mail Address: randal.johnson@rushortho.com
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: Randal Johnson
Title: Chief Financial Officer
Company Name: Midwest Orthopaedics at Rush
Address: 1611 West Harrison Street, Chicago, Illinois 60612
Telephone Number: 877-632-6637
E-mail Address: randal.johnson@rushortho.com
Fax Number:

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: MOR AmSurg RE LLC
Address of Site Owner: One Westbrook Corporate Center, Suite 240, Westchester, Illinois 60154
Street Address or Legal Description of the Site: 998 129 th Infantry Drive, Joliet, Illinois 60435
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: Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center			
Street Address: 998 129 th Infantry Drive, Joliet, Illinois 60435			
<input type="checkbox"/>	Non-profit Corporation	<input checked="" 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		<input type="checkbox"/>

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center	
Street Address: 998 129 th Infantry Drive, Joliet, Illinois 60435	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> ○ 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.

LB Properties XI, L.L.C. ("LB Properties") owns the property located at 998 129th Infantry Drive, Joliet, Illinois (the "Property"). MOR AmSurg RE LLC, an Illinois limited liability company (the "Buyer") will acquire the Property from LB Properties.

This application for a certificate of exemption is for the change of ownership of the physical plant only and there will be no change to the operation of the ambulatory surgical treatment center.

The proposed change of ownership of the Property is subject to approval of a certificate of exemption ("COE") by the Illinois Health Facilities and Services Review Board ("HFSRB"). The purchase price for the building is \$5,000,000. The Property will be conveyed to the Buyer through a special warranty deed which will be recorded with the Will County Recorder of Deeds.

The acquisition of the Property by the Buyer is not expected to result in any changes in the operations of the ambulatory surgical treatment center or the activities or operations conducted on the Property.

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Purchase Price: \$ _____ 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.

Anticipated exemption completion date (refer to Part 1130.570): June 30, 2022 or as soon thereafter as all closing conditions have been satisfied.

State Agency Submittals N/A 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.

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

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 Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center 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]
Signature

Signature

Printed Name

Printed Name

Printed Title

Printed Title

Notarization:
Subscribed and sworn to before me
this 27 day of May

Notarization:
Subscribed and sworn to before me
this ____ day of _____

[Signature]
Signature of Notary

Signature of Notary

Seal
My Commission Expires
February 10, 2025

Seal


*Insert the EXACT legal name of the applicant

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 LB Properties XI, L.L.C. 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

Richard Natland

Printed Name

Manager

Printed Title

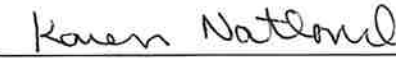
Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant


Signature

Karen Natland

Printed Name

Manager

Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this

27th day of May, 2022

by Richard Natland and Karen Natland,
proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

Signature _____



ADDITIONAL INFORMATION (OPTIONAL)

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of pages _____ Document Date _____

(Additional information)

NOTARY PUBLIC CONTACT INFORMATION

The UPS Store
21163 Newport Coast Dr
Newport Coast, CA 92657

949-423-2134 tel
949-520-7016 fax


store7336@theupsstore.com
www.TheUPSSStore.com/7336

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 **MOR AmSurg RE 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

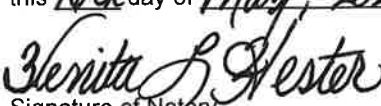
Randal Johnson
Printed Name

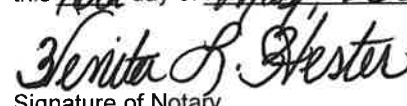
Manager
Printed Title


Signature

Brian Cole
Printed Name

Manager
Printed Title

Notarization:
Subscribed and sworn to before me
this 16th day of May, 2022

Signature of Notary

Notarization:
Subscribed and sworn to before me
this 16th day of May, 2022

Signature of Notary

Seal
*Insert the EXACT legal name of the applicant



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."

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

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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;	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)(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
Net Patient Revenue			
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.

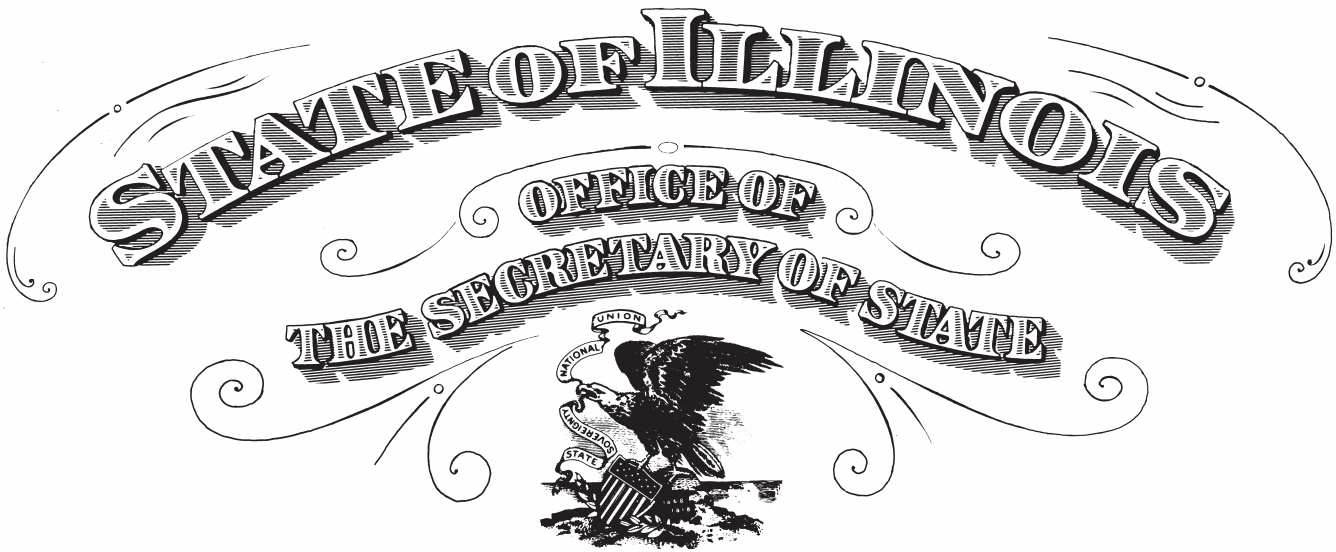
Section I, Identification, General Information, and Certification
Applicants

An organization chart showing the current corporate structure of the Applicants along with the post-closing ownership structure of the Applicants is included in Attachment – 4. Certificates of good standing for the Applicants are attached at Attachment – 1.

1. LB Properties XI, L.L.C. (“LB Properties”) currently holds the title to the real property in which the ambulatory surgical treatment center is located. The Illinois certificate of good standing is attached.
2. MOR AmSurg RE LLC is an Illinois limited liability company and will be the entity that will hold title to the real property in which the ambulatory surgical treatment center is located. The Illinois certificate of good standing is attached.
3. Joliet Surgery Center Limited Partnership d/b/a AmSurg Surgery Center is an Illinois limited partnership (“AmSurg Surgery Center”) and the operator of the ambulatory surgical treatment center. The Illinois certificate of good standing is attached.

File Number

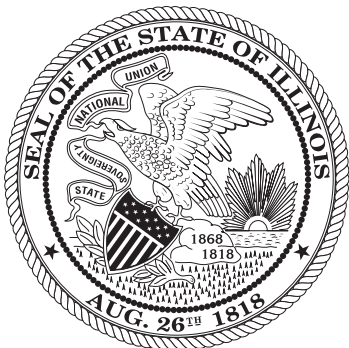
0181011-1



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

LB PROPERTIES XI, L.L.C., AN IOWA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 27, 2006, 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 10TH
day of MAY A.D. 2022 .

Jesse White

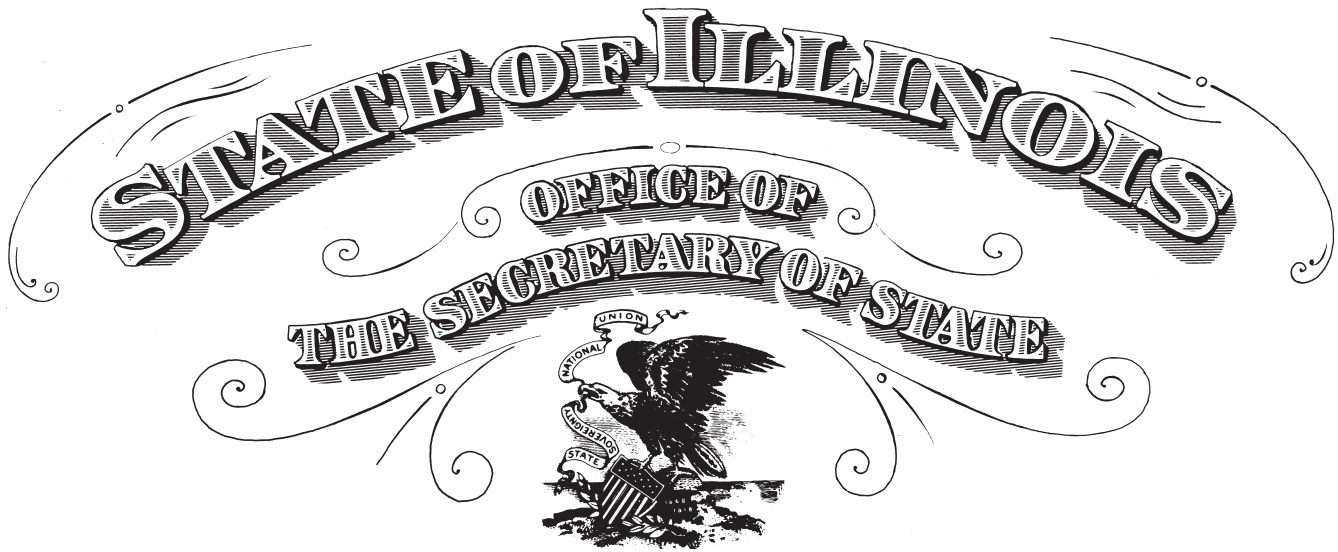
SECRETARY OF STATE

Authentication #: 2213002540 verifiable until 05/10/2023

Authenticate at: <http://www.ilsos.gov>

File Number

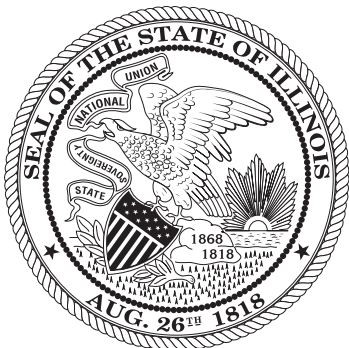
1167287-6



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

MOR AMSURG RE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 06, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



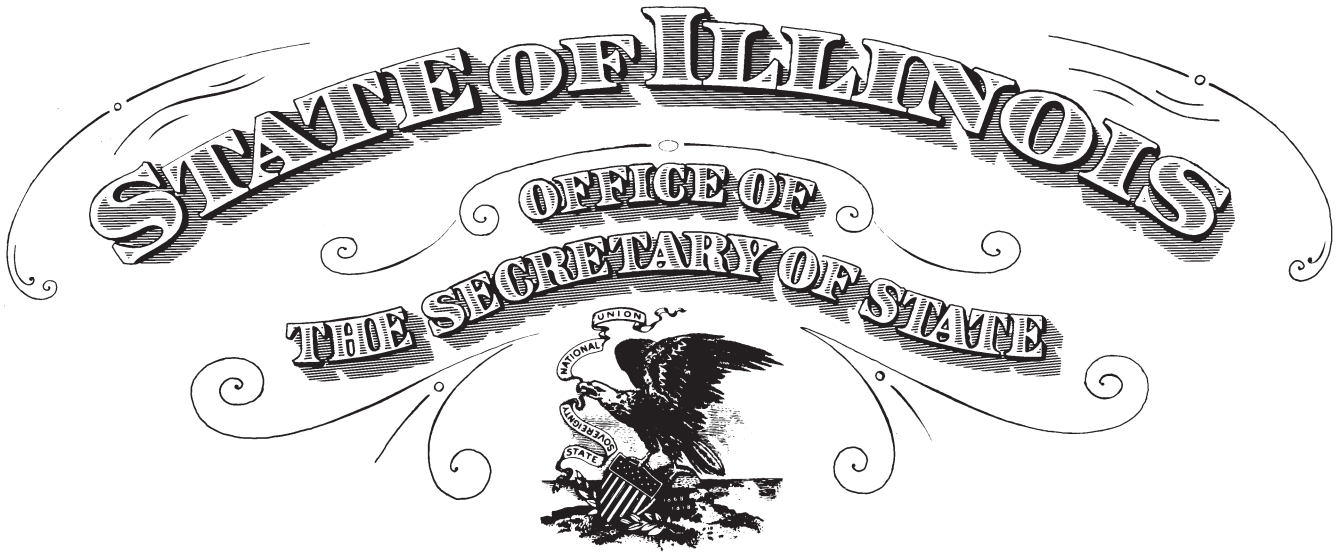
In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of MAY A.D. 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2213002578 verifiable until 05/10/2023

Authenticate at: <http://www.ilsos.gov>



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

JOLIET SURGERY CENTER LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 1988, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of MAY A.D. 2022 .*

Jesse White

SECRETARY OF STATE

Authentication #: 2213002638

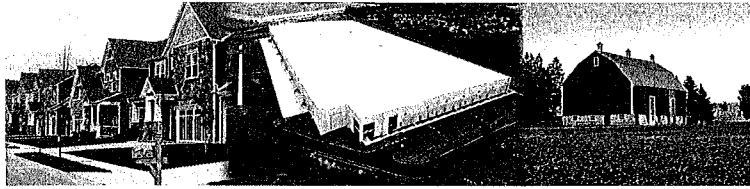
Authenticate at: <https://www.ilsos.gov>

Section I, Identification, General Information, and Certification

Site Ownership

LB Properties owns the building housing the ambulatory surgical treatment center. The transaction is for the sale of the realty only, and there will be no change in the ambulatory surgical treatment center operations. In this proposed transaction the underlying realty will be sold to MOR AmSurg RE LLC.

The property tax statement for property located at 998 North Infantry Drive, Joliet, Illinois 60435 is attached at Attachment – 2.



#E-034-22

Will County CCAO
Rhonda R. Novak, CIAO/I
302 N. Chicago Street
2nd Floor
Joliet, Illinois 60432
Phone: 1-815-740-4648
Fax: 1-815-740-4696

PIN 05-06-01-412-034-0000

Parcel Information

<< Prev Parcel

Next Parcel >>

TROY TOWNSHIP

Owner Name: LB PROPERTIES XI LLC

Street Address:

998 N 129TH INFANTRY DR
JOLIET IL 60435

[View on Bing Maps](#)

Subdivision: CAMPUS COURTYARDS UNIT 5

Property Class: 0060 Commercial

Homesite Acres: 0.00
Farm Acres: 0.00
Open Space Acres: 0.00
Total Acres: 2.15

NO IMAGE
AVAILABLE

[GIS Map & Address Information](#)[Will County Treasurer's Tax Information](#)[View Local Taxing Bodies](#)

Assessment Information

Year	Assess Level	Land Unimproved/Farm	Land Improved	Building Other/Farm	Building	Total	Market Value	Instant Date	Instant Amount
2021	BOR	0	186,872	0	1,153,488	1,340,360	4,021,482		0
2021	SA/E	0	186,872	0	1,153,488	1,340,360	4,021,482		0
2021	TWP	0	186,872	0	1,153,488	1,340,360	4,021,482		0
2020	BOR	0	186,872	0	1,153,488	1,340,360	4,021,482		0
2019	BOR	0	186,872	0	1,153,488	1,340,360	4,021,482		0

Sale Information

Building Information

** There is no building information currently available for this parcel. Please contact the TROY TOWNSHIP Assessor for more information.
**

Legal Description

LOT 65 IN CAMPUS COURTYARDS UNIT 5, BEING A RESUB OF LOT 61 IN CAMPUS COURTYARDS UNIT 3, BEING A SUB OF RRT OF THE SW1/4 & THE SE1/4 OF SEC 1, T35N-R9E.



Back

Property Search Portal

Print

COMMITMENT FOR TITLE INSURANCE



LOT 65

Chicago Title Insurance Company

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for valuable consideration, commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the Land described or referred to in Schedule A, upon payment of the premiums and charges and compliance with the Requirements; all subject to the provisions of Schedule A and B and to the Conditions of this Commitment.

This Commitment shall be effective only when the identity of the Proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A by the Company.

All liability and obligation under this Commitment shall cease and terminate 6 months after the Effective Date or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue the policy or policies is not the fault of the Company.

The Company will provide a sample of the policy form upon request.

IN WITNESS WHEREOF, Chicago Title Insurance Company has caused its corporate name and seal to be affixed by its duly authorized officers on the date shown in Schedule A.

CHICAGO TITLE INSURANCE COMPANY

Issued By:

CHICAGO TITLE COMPANY, LLC
171 N. CLARK STREET
CHICAGO, IL 60601

Refer Inquiries To:
(312)223-2800



By

Michael J. Mc

Authorized Signatory

Commitment No.: 1412 SA2286945 LP1

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A

YOUR REFERENCE: C21678-SA2286945-1;

ORDER NO.: 1412 SA2286945 LP1

EFFECTIVE DATE: JUNE 29, 2012

1. POLICY OR POLICIES TO BE ISSUED:

TO COME

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT IS FEE SIMPLE, UNLESS OTHERWISE NOTED.
3. TITLE TO THE ESTATE OR INTEREST IN THE LAND IS AT THE EFFECTIVE DATE VESTED IN:
LB PROPERTIES XI, L.L.C., AN IOWA LIMITED LIABILITY COMPANY

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO. : 1412 SA2286945 LP1

4A. LOAN POLICY 1 MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

4B. LOAN POLICY 2 MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

LOT 65, IN CAMPUS COURTYARDS UNIT FIVE, BEING A RESUBDIVISION OF LOT 61 IN CAMPUS COURTYARDS UNIT 3, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 AND THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 35 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 3, 2007 AS DOCUMENT NUMBER R2007-172098 AND CERTIFICATE OF CORRECTION RECORDED MARCH 25, 2008 AS DOCUMENT NO. R2008-35476, IN WILL COUNTY, ILLINOIS. ACCORDING TO THE PLAT OF RESUBDIVISION RECORDED DECEMBER 3, 2007 AS DOCUMENT NUMBER R2007-172098, IN WILL COUNTY, ILLINOIS.]

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CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B

ORDER NO.: 1412 SA2286945 LP1

SCHEDULE B OF THE POLICY OR POLICIES TO BE ISSUED WILL CONTAIN EXCEPTIONS TO THE FOLLOWING MATTERS UNLESS THE SAME ARE DISPOSED OF TO THE SATISFACTION OF THE COMPANY.

GENERAL EXCEPTIONS

1. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORDS.
2. ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
3. EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY PUBLIC RECORDS.
4. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
5. TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.
6. WE SHOULD BE FURNISHED A PROPERLY EXECUTED ALTA STATEMENT.
7. NOTE FOR INFORMATION: THE COVERAGE AFFORDED BY THIS COMMITMENT AND ANY POLICY ISSUED PURSUANT HERETO SHALL NOT COMMENCE PRIOR TO THE DATE ON WHICH ALL CHARGES PROPERLY BILLED BY THE COMPANY HAVE BEEN FULLY PAID.

- P 8. EASEMENT FOR PUBLIC UTILITIES AND DRAINAGE, AND THE EASEMENT PROVISIONS AND GRANTEES AS SET FORTH ON THE PLAT OF CAMPUS COURTYARDS UNIT FIVE SUBDIVISION AND THE PLAT OF EASEMENT RECORDED APRIL 30, 2008 AS DOCUMENT NO. R2008-56631.

(AFFECTS THE WEST 20 FEET OF THE EAST 40 FEET; THE SOUTH 5 FEET OF THE EASTERLY PORTION AND A 30 FOOT STRIP LOCATED IN THE SOUTHWEST CORNER OF LOT 65.)

- AA 9. NOTE FOR ADDITIONAL INFORMATION: THE WILL COUNTY RECORDER REQUIRES THAT ANY DOCUMENTS PRESENTED FOR RECORDING CONTAIN THE FOLLOWING INFORMATION:
- (A) THE NAME AND ADDRESS OF THE PARTY WHO PREPARED THE DOCUMENT;
 - (B) THE NAME AND ADDRESS OF THE PARTY TO WHOM THE DOCUMENT SHOULD BE MAILED AFTER RECORDING;
 - (C) ALL PERMANENT REAL ESTATE TAX INDEX NUMBERS OF ANY PROPERTY LEGALLY DESCRIBED IN THE DOCUMENT;
 - (D) THE ADDRESS OF ANY PROPERTY LEGALLY DESCRIBED IN THE DOCUMENT;
 - (E) ALL DEEDS SHOULD CONTAIN THE ADDRESS OF THE GRANTEE AND SHOULD ALSO NOTE THE NAME AND ADDRESS OF THE PARTY TO WHOM THE TAX BILLS SHOULD BE SENT.
 - (F) ANY DEEDS CONVEYING UNSUBDIVIDED LAND, OR, PORTIONS OF SUBDIVIDED LAND

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CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

(LOTS OR BLOCKS MORE THAN 1 ACRE WHICH INVOLVE NEW STREETS), MAY NEED TO
 BE ACCOMPANIED BY A PROPERLY EXECUTED "PLAT ACT AFFIDAVIT".

THIS EXCEPTION WILL NOT APPEAR ON THE POLICY WHEN ISSUED.

AP 10. TAXES FOR THE YEARS 2011 AND 2012.

TAXES FOR THE YEAR 2012 ARE NOT YET DUE OR PAYABLE.

2011 FIRST INSTALLMENT IN THE AMOUNT OF \$60,689.18, IS PAID OF RECORD.

2011 SECOND INSTALLMENT IN THE AMOUNT OF \$60,689.18, IS NOT DELINQUENT BEFORE
 SEPTEMBER 4, 2012.

PERMANENT INDEX NUMBER: 06-01-412-034.

(AFFECTS LOT 65)

F 11. MUNICIPAL REAL ESTATE TRANSFER TAX STAMPS (OR PROOF OF EXEMPTION) MUST
 ACCOMPANY ANY CONVEYANCE AND CERTAIN OTHER TRANSFERS OF PROPERTY LOCATED IN
 JOLIET. PLEASE CONTACT SAID MUNICIPALITY PRIOR TO CLOSING FOR ITS SPECIFIC
 REQUIREMENTS, WHICH MAY INCLUDE THE PAYMENT OF FEES, AN INSPECTION OR OTHER
 APPROVALS.

AN 12. NOTE: THE LAND LIES WITHIN A COUNTY WHICH IS SUBJECT TO THE PREDATORY LENDING
 DATABASE ACT (765 ILCS 77/70 ET SEQ. AS AMENDED). A CERTIFICATE OF COMPLIANCE
 WITH THE ACT OR A CERTIFICATE OF EXEMPTION THEREFROM MUST BE OBTAINED AT TIME
 OF CLOSING IN ORDER FOR THE COMPANY TO RECORD ANY INSURED MORTGAGE. IF THE
 CLOSING IS NOT CONDUCTED BY THE COMPANY, A CERTIFICATE OF COMPLIANCE OR A
 CERTIFICATE OF EXEMPTION MUST BE ATTACHED TO ANY MORTGAGE TO BE RECORDED.

NOTE: FOR KANE, WILL AND PEORIA COUNTIES, THE ACT APPLIES TO MORTGAGES
 RECORDED ON OR AFTER JULY 1, 2010.

A 13. MORTGAGE, ASSIGNMENT OF LEASES AND RENTS, SECURITY AGREEMENT AND FIXTURE
 FILING DATED SEPTEMBER 29, 2009 AND RECORDED NOVEMBER 4, 2009 AS DOCUMENT
 R2009131676 MADE BY LB PROPERTIES, XI, L.L.C., AN IOWA LIMITED LIABILITY
 COMPANY TO PEOPLEFIRST BANK TO SECURE A NOTE FOR \$2,800,000.00.

(AFFECTS LOT 65)

AK 14. WEED CUTTING LIEN IN FAVOR OF CITY OF JOLIET AGAINST PIQ RECORDED NOVEMBER 18,
 2010 AS DOCUMENT NUMBER R2010-124014 IN THE AMOUNT OF \$119.00. (AFFECTS LOT
 65)

AL 15. SECURITY INTEREST OF LB PROPERTIES XI LLC, SECURED PARTY, IN CERTAIN DESCRIBED
 CHATTELS ON THE LAND, AS DISCLOSED BY FINANCING STATEMENT NAMING PEOPLES FIRST

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

BANK AS DEBTOR AND RECORDED DECEMBER 30, 2009 AS DOCUMENT NO. 9U153200.

AM 16. LEASE AMENDMENT RECORDED NOVEMBER 09, 2009 AS DOCUMENT R2009-133556

(FOR FURTHER PARTICULARS, SEE RECORD.)

B 17. ENVIRONMENTAL INDEMNITY AGREEMENT DATED SEPTEMBER 29, 2009 AND RECORDED NOVEMBER 4, 2009 AS DOCUMENT NO. R2009131677 MADE BY LB PROPERTIES XI, L.L.C., AN IOWA LIMITED LIABILITY COMPANY, LADCO DEVELOPMENT, INC., AN IOWA BUSINESS CORPORATION, BALL DEVELOPMENT, L.L.C., AN IOWA LIMITED LIABILITY COMPANY, JON D. GARNAAS, FAITH A. GARNAAS, RICHARD E. BALL AND NANCY J. BALL AND PEOPLEFIRST BANK AND THE TERMS AND CONDITIONS CONTAINED THEREIN.

(AFFECTS LOT 65)

C 18. SUBORDINATION, NON-DISTURBANCE AND ATTORNMENMENT AGREEMENT DATED SEPTEMBER 29, 2009 AND RECORDED NOVEMBER 4, 2009 AS DOCUMENT NO. R2009131678 MADE BY AND BETWEEN JOLIET SURGERY CENTER LIMITED PARTNERSHIP, AN ILLINOIS LIMITED PARTNERSHIP, LB PROPERTIES XI, L.L.C., AN IOWA LIMITED LIABILITY COMPANY AND PEOPLEFIRST BANK.

(AFFECTS LOT 65)

E 19. PROHIBITION AGAINST ENCUMBRANCES BY THE LANDLORD CONTAINED IN SECTION 37 OF THE LEASE DATED MARCH 21, 2006 MADE BY AND BETWEEN LB PROPERTIES XI, L.L.C., LANDLORD, AND JOLIET SURGERY CENTER LIMITED PARTNERSHIP.

(AFFECTS LOT 65)

G 20.

WE SHOULD BE FURNISHED (A) CERTIFICATION FROM THE ILLINOIS SECRETARY OF STATE THAT LB PROPERTIES XI, L.L.C. HAS PROPERLY FILED ITS ARTICLES OF ORGANIZATION, (B) A COPY OF THE ARTICLES OF ORGANIZATION, TOGETHER WITH ANY AMENDMENTS THERETO, (C) A COPY OF THE OPERATING AGREEMENT, IF ANY, TOGETHER WITH ANY AMENDMENTS THERETO, (D) A LIST OF INCUMBENT MANAGERS OR OF INCUMBENT MEMBERS IF MANAGERS HAVE NOT BEEN APPOINTED, AND (E) CERTIFICATION THAT NO EVENT OF DISSOLUTION HAS OCCURRED.

NOTE: IN THE EVENT OF A SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE L.L.C. OR OF A SALE OF L.L.C. ASSETS TO A MEMBER OR MANAGER, WE SHOULD BE FURNISHED A COPY OF A RESOLUTION AUTHORIZING THE TRANSACTION ADOPTED BY THE MEMBERS OF SAID L.L.C.

H 21. LEASE MADE BY AND BETWEEN LB PROPERTIES XI, L.L.C., AN IOWA LIMITED LIABILITY COMPANY AND JOLIET SURGERY CENTER LIMITED PARTNERSHIP, AN ILLINOIS LIMITED PARTNERSHIP DATED MARCH 28, 2006, A MEMORANDUM OF WHICH WAS RECORDED APRIL 27, 2006 AS DOCUMENT NO. R2006-68810, DEMISING THE LAND FOR A TERM OF 10, AND ALL RIGHTS THEREUNDER OF, AND ALL ACTS DONE OR SUFFERED THEREUNDER BY, SAID LESSEE

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

OR BY ANY PARTY CLAIMING BY, THROUGH, OR UNDER SAID LESSEE.

NOTE: FIRST AMENDMENT TO MEMORANDUM OF LEASE RECORDED JANUARY 11, 2008 AS DOCUMENT NO. R2008-4910.

- J 22. TERMS AND CONDITIONS CONTAINED IN ANNEXATION AND DEVELOPMENT AGREEMENT DATED FEBRUARY 2, 1999 AND RECORDED JUNE 11, 1999 AS DOCUMENT R99-73598 (ATTACHED TO RESOLUTION #4631 PASSED FEBRUARY 2, 1999) MADE BY AND BETWEEN THE CITY OF JOLIET AND FIRST NATIONAL BANK OF JOLIET, AS TRUSTEE UNDER TRUST NUMBER 4527 RELATING TO ZONING; RESTRICTIONS; UTILITIES; FEES; SPECIAL CONDITIONS AND OTHER GENERAL PROVISIONS.
- K 23. GRANT RECORDED MAY 18, 1949 AS DOCUMENT NO. 656470 TO THE ILLINOIS BELL TELEPHONE COMPANY, ITS SUCCESSORS AND ASSIGNS, THE RIGHT AND EASEMENT TO CONSTRUCT, PLACE AND MAINTAIN ONE BURIED CABLE, PARALLEL WITH, ADJACENT TO AND WEST OF THE EAST PROPERTY LINE FENCE (WITHIN 10 FEET OF FENCE). THE ILLINOIS BELL TELEPHONE COMPANY WILL PAY FOR DAMAGE TO GROWING CROPS ARISING FROM THE CONSTRUCTION AND MNTNC OF AFORESAID CABLE. THE RIGHT HEREBY GRANTED SHALL APPLY TO THE PROPERTY WHICH IN OWN OR HAVE AN INTEREST IN LOCATED IN THE SOUTH EAST 1/4 OF SECTION 1, TOWNSHIP 35 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS, TOGETHER WITH RIGHT AND ACCESS THERETO TO MAINTAIN THE SAME. SUBJECT TO THE TERMS AND CONDITIONS THEREIN CONTAINED.
- (AFFECTS THE EAST 10 FEET)
- L 24. BUILDING LINE(S) AS SHOWN ON THE PLAT OF CAMPUS COURTYARDS UNIT 3 SUBDIVISION AND DEPICTED ON CAMPUS COURTYARDS UNIT FIVE SUBDIVISION, AS FOLLOWS:
- (AFFECTS THE WEST 30 FEET OF LOT 65)
- M 25. EASEMENT FOR DRAINAGE AND UTILITY, AND THE EASEMENT PROVISIONS AND GRANTEES AS SET FORTH ON THE PLAT OF CAMPUS COURTYARDS UNIT 3 SUBDIVISION AND DEPICTED ON CAMPUS COURTYARDS UNIT FIVE SUBDIVISION, AS FOLLOWS:
- (AFFECTS THE WEST 15 FEET OF LOT 65)
- N 26. NOTED ON THE PLAT OF CAMPUS COURTYARDS UNIT 3 RECORDED AS DOCUMENT NUMBER R2003-12402, AS FOLLOWS:
- "MAINTENANCE OF THE PERMANENT DETENTION AREAS SHALL BE THE RESPONSIBILITY OF ALL PROPERTY OWNERS WITHIN THE SUBDIVISION. MAINTENANCE SHALL INCLUDE BANK STABILIZATION, FUTURE SEDIMENT REMOVAL OR DREDGING, STABILIZATION OF WATER LEVELS, OUTFALL STRUCTURES AND STORM SEWER PIPES WITHIN THE DETENTION EASEMENT."

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

Q 27. DECLARATION OF EASEMENTS AND RESTRICTIVE COVENANTS RECORDED APRIL 27, 2008 AS DOCUMENT NO. R2006-68809 (BUT OMITTING ANY SUCH COVENANT OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN UNLESS AND ONLY TO THE EXTENT THAT SAID COVENANT (A) IS EXEMPT UNDER CHAPTER 42, SECTION 3607 OF THE UNITED STATES CODE OR (B) RELATES TO HANDICAP BUT DOES NOT DISCRIMINATE AGAINST HANDICAPPED PERSONS), AND THE TERMS AND CONDITIONS THEREIN CONTAINED.

V 28. TERMS AND PROVISIONS OF AN OPTION TO PURCHASE THE LAND IN FAVOR OF JOLIET SURGERY CENTER LIMITED PARTNERSHIP, AN ILLINOIS LIMITED PARTNERSHIP, AS CONTAINED IN THE INSTRUMENT RECORDED APRIL 27, 2006 AS DOCUMENT NO. R2006-68810.

WE SHOULD BE FURNISHED SATISFACTORY EVIDENCE OF WHETHER OR NOT SAID OPTION HAS BEEN EXERCISED AND THIS COMMITMENT IS SUBJECT TO FURTHER EXCEPTIONS AS MAY BE DEEMED NECESSARY.

X 29. A 15 FOOT EASEMENT FOR PUBLIC UTILITIES AND DRAINAGE, AND THE EASEMENT PROVISIONS AND GRANTEES AS SET FORTH ON THE PLAT OF EASEMENT RECORDED APRIL 30, 2008 AS DOCUMENT NO. R2008-056631, LYING WESTERLY OF THE WESTERLY LINE OF AN EXISTING 15 FOOT PUBLIC UTILITY AND DRAINAGE EASEMENT, EASTERLY OF THE EASTERLY LINE OF AN EXISTING 15 FOOT DRAINAGE AND UTILITY EASEMENT, AND LYING 5 FEET TO THE NORTH AND 10 FEET TO THE SOUTH OF THE FOLLOWING DESCRIBED LINE: BEGINNING AT THE SOUTHWEST CORNER OF LOT 65 IN SAID CAMPUS COURTYARDS UNIT FIVE; THENCE NORTH 89 DEGREES, 16 MINUTES, 14 SECONDS EAST ALONG THE SOUTH LINE OF SAID LOT, 76.17 FEET FOR THE TERMINUS OF SAID LINE, IN WILL COUNTY, ILLINOIS.

(FOR FURTHER PARTICULARS, SEE RECORD.)

AG 30. THE NAMES OF THE PROPOSED INSURED SHOULD BE PROVIDED IN ORDER THAT A JUDGMENT SEARCH CAN BE MADE AGAINST PARTIES PRIOR TO THE EXECUTION AND RECORDING OF THE MORTGAGE TO BE INSURED, IF ANY.

THIS EXCEPTION WILL NOT APPEAR ON FINAL POLICY.

AH 31. NOTE: WE SHOULD BE FURNISHED WITH THE LOAN AMOUNT: THE TITLE INSURANCE PREMIUM, RECORDINGS OR CLOSING FEE HAVE NOT BEEN BILLED OR ARE SUBJECT TO CHANGE, DEPENDING ON THE LOAN AMOUNT. THE INVOICE IS SUBJECT TO REBILLING UNTIL FINAL REQUESTS FOR INSURANCE, ENDORSEMENTS AND SERVICES ARE MADE AND ALL DOCUMENTS TO BE RECORDED HAVE BEEN RECEIVED AND THIS COMMITMENT IS SUBJECT TO SUCH FURTHER EXCEPTIONS AS MAY BE DEEMED NECESSARY.

AI 32. NOTE: WE SHOULD BE FURNISHED WITH THE SELLING PRICE: IF SUCH VALUE IS GREATER THAN THE AMOUNT OF INSURANCE REQUESTED, THE APPLICATION SHOULD BE AMENDED TO REQUEST AN AMOUNT EQUIVALENT TO THE FULL VALUE OF THE PROPERTY, AND, IN DEFAULT THEREOF, THE RIGHT IS RESERVED TO INSERT IN THE OWNER'S POLICY THE COMPANY'S USUAL COINSURANCE EXCEPTION.

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CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

THE TITLE INSURANCE PREMIUM, TRANSFER TAXES, RECORDINGS OR CLOSING FEE HAVE NOT BEEN BILLED OR ARE SUBJECT TO CHANGE, DEPENDING ON THE SALES PRICE. THE INVOICE IS SUBJECT TO REBILLING UNTIL FINAL REQUESTS FOR INSURANCE, ENDORSEMENTS AND SERVICES ARE MADE AND ALL DOCUMENTS TO BE RECORDED HAVE BEEN RECEIVED AND THIS COMMITMENT IS SUBJECT TO SUCH FURTHER EXCEPTIONS AS MAY BE DEEMED NECESSARY.

- AF 33. NOTE: IT APPEARS THAT THE AMOUNT OF INSURANCE STATED IN SCHEDULE A MAY BE LESS THAN 80 PERCENT OF THE LESSER OF: (1) THE VALUE OF THE INSURED ESTATE OR INTEREST OR (2) THE FULL CONSIDERATION PAID FOR THE LAND. YOUR ATTENTION IS DIRECTED TO THOSE PROVISIONS OF PARAGRAPH 7(B) OF THE CONDITIONS AND STIPULATIONS OF THE OWNER'S POLICY WHICH PROVIDE THAT IN SUCH CASE, THE COMPANY MAY ONLY BE OBLIGATED TO PAY PART OF ANY LOSS INSURED AGAINST UNDER THE TERMS OF THE POLICY.

THE ABOVE NOTE IS SHOWN FOR YOUR INFORMATION WITH RESPECT TO THE OWNER'S POLICY ONLY AND WILL NOT APPEAR ON SUCH POLICY. NEVERTHELESS, SUCH OMISSION SHOULD NOT BE CONSTRUED TO MEAN THAT SUCH POLICY IS NOT SUBJECT TO THOSE PROVISIONS OF PARAGRAPH 7(B) OF THE CONDITIONS AND STIPULATIONS REFERRED TO IN THE NOTE. IF, HOWEVER, THE NOTE IS STAMPED "WAIVED" ON THE FACE OF THIS COMMITMENT, SUCH WAIVER SHALL BE DEEMED AN ACKNOWLEDGMENT BY THE COMPANY THAT THE AMOUNT OF INSURANCE STATED IN SCHEDULE A HEREIN IS, FOR THE PURPOSES OF SAID PARAGRAPH 7(B), NOT LESS THAN 80 PERCENT OF THE LESSER OF THE VALUE OF THE INSURED ESTATE OR INTEREST OR THE FULL CONSIDERATION PAID FOR THE LAND.

- AB 34. NOTE FOR INFORMATION (ENDORSEMENT REQUESTS):

ALL ENDORSEMENT REQUESTS SHOULD BE MADE PRIOR TO CLOSING TO ALLOW AMPLE TIME FOR THE COMPANY TO EXAMINE REQUIRED DOCUMENTATION.

(THIS NOTE WILL BE WAIVED FOR POLICY). ~

- AC FOR ALL ILLINOIS PROPERTY: FOR COMMITMENT ONLY

EFFECTIVE JUNE 1, 2009, PURSUANT TO PUBLIC ACT 95-988, SATISFACTORY EVIDENCE OF IDENTIFICATION MUST BE PRESENTED FOR THE NOTARIZATION OF ANY AND ALL DOCUMENTS NOTARIZED BY AN ILLINOIS NOTARY PUBLIC. UNTIL JULY 1, 2013, SATISFACTORY IDENTIFICATION DOCUMENTS ARE DOCUMENTS THAT ARE VALID AT THE TIME OF THE NOTARIAL ACT; ARE ISSUED BY A STATE OF FEDERAL GOVERNMENT AGENCY; BEAR THE PHOTOGRAPHIC IMAGE OF THE INDIVIDUAL'S FACE; AND BEAR THE INDIVIDUAL'S SIGNATURE.

- AD 35. NOTE FOR INFORMATION ONLY:

A PROVISION FOR INFLATION COVERAGE WILL BE ADDED TO THE OWNER'S POLICY. THIS ENHANCEMENT CAN AUTOMATICALLY INCREASE THE AMOUNT OF THE OWNER'S POLICY. FOR ADDITIONAL INFORMATION, PLEASE CONTACT YOUR LOCAL UNDERWRITER.

- AE "Be advised that the "Good Funds" section of the Title Insurance Act (215 ILCS 155/26) becomes effective 1-1-2010. This act places limitations upon the

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1412 SA2286945 LP1

settlement agent's ability to accept certain types of deposits into escrow.
Please contact your local Chicago Title Office regarding the application of
this new law to your transaction."

** END **

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE

ORDER NO.: 1412 SA2286945 LP1

CONDITIONS

1. The term mortgage, when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquired actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose such knowledge to the Company, or if the company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse claim or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not relieve the Company from liability previously incurred pursuant to paragraph 3 or these Conditions.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in undertaking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. This Commitment is a contract to issue one or more title insurance policies and is not an abstract of title or a report of the condition of title. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.
5. The policy to be issued contains an arbitration clause. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured as the exclusive remedy of the parties. You may review a copy of the arbitration rules at <<http://www.alta.org/>>.

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CHICAGO TITLE INSURANCE COMPANY

1031 EXCHANGE SERVICES

If your transaction involves a tax deferred exchange, we offer this service through our 1031 division, IPX1031. As the nation's largest 1031 company, IPX1031 offers guidance and expertise. Security for Exchange funds includes segregated bank accounts and a 100 million dollar Fidelity Bond. Fidelity National Title Group also provides a 50 million dollar Performance Guaranty for each Exchange. For additional information or to set-up an Exchange, please call Scott Nathanson at (312) 223-2178 or Anna Barsky at (312) 223-2169.

Effective Date: May 1, 2008

**Fidelity National Financial, Inc.
Privacy Statement**

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explains FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in this Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

We may collect Personal Information about you from the following sources:

- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, email address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites;
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded documents.

Disclosure of Personal Information

We may provide your Personal Information (excluding information we receive from consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following:

- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transactions;
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested;
- To an insurance regulatory authority, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation;
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing.

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlined herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard Personal Information.

Access to Personal Information/**Requests for Correction, Amendment, or Deletion of Personal Information**

As required by applicable law, we will afford you the right to access your Personal Information, under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity.

Where permitted by law, we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.

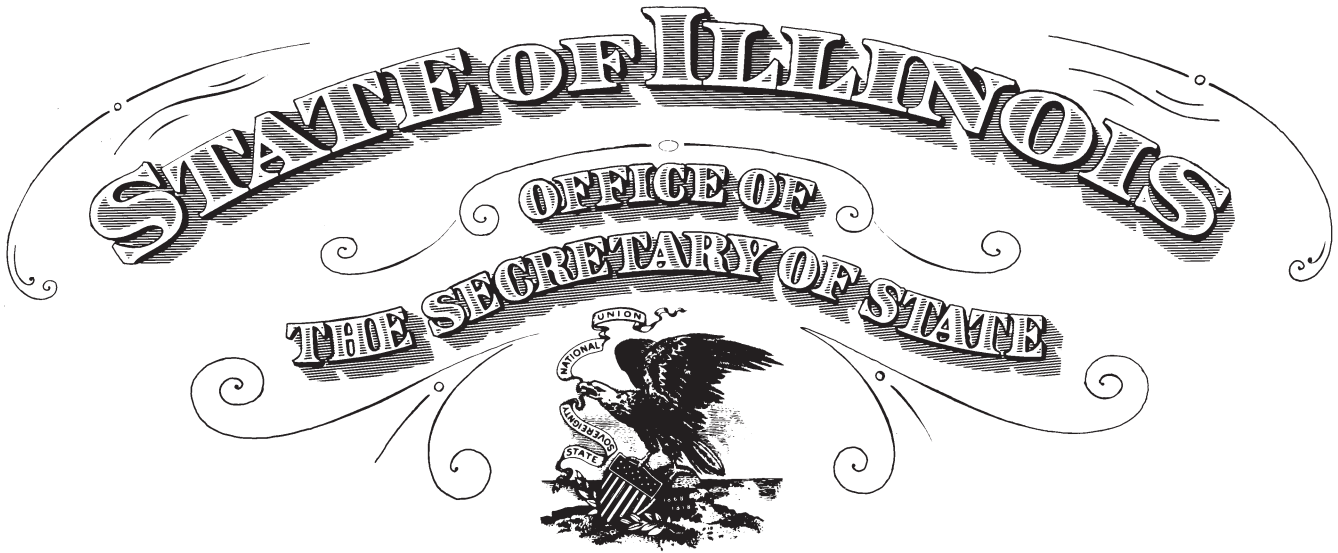
Section I, Identification, General Information, and Certification
Operating Entity/Licensee

AmSurg Surgery Center will continue to be the licensed entity operating the ambulatory surgical treatment center.

AmSurg Surgery Center is an Illinois limited partnership. The Illinois certificate of good standing is attached at Attachment - 3.

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.

Surgicare of Joliet, Inc. owns a 56.06 percent interest in AmSurg Surgery Center. No limited partner owns a 5 percent or greater interest in the surgery center.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

JOLIET SURGERY CENTER LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 1988, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of MAY A.D. 2022 .

Jesse White

SECRETARY OF STATE

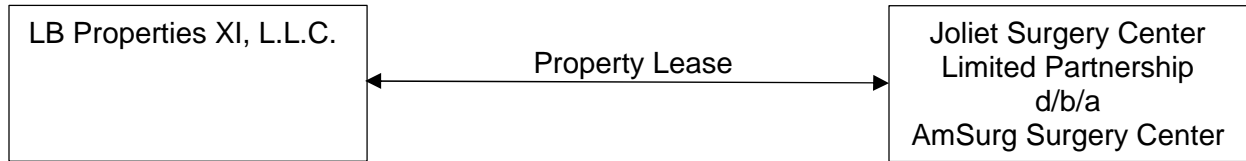
Authentication #: 2213002638

Authenticate at: <https://www.ilsos.gov>

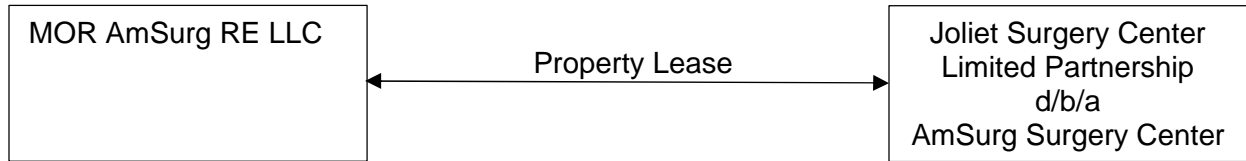
Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational charts showing the current organizational structure of the current property owner, along with the post-transaction ownership structure are attached at Attachment – 4.

Pre-Closing Organizational Chart



Post-Closing Organizational Chart



**Section II, Background
Background**

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

AmSurg Surgery Center operates the ambulatory surgical treatment center located at 998 129th Infantry Drive, Joliet, Illinois 60435. Copies of the license and accreditation are attached at Attachment – 5.

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

None.

- 3. A certified listing of any adverse action taken against any facility owned or operated by the Applicant(s) during the three years prior to filing of the application.**

By their signature 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 care 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 on 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.

#E-034-22



Illinois Department of
PUBLIC HEALTH HF 125265

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Amaal V.E. Tokars
Acting Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
5/3/2023		7003160

Ambulatory Surgery Treatment Center

Effective: 05/04/2022

AmSurg Surgery Center
998 129th Infantry Drive
Joliet, IL 60435

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

→
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 5/3/2023

Lic Number 7003160

Date Printed 4/5/2022

AmSurg Surgery Center

998 129th Infantry Dr
Joliet, IL 60435-3159

FEE RECEIPT NO.

Amsurg Surgery Center

Joliet, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

November 16, 2019

Accreditation is customarily valid for up to 36 months.

David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #452473

Print/Reprint Date: 01/20/2020

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Section III, Change of Ownership
Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

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

An organizational chart showing the current corporate structure of the entities listed below (the “Applicants”), along with the post-closing ownership structure of the Applicants is attached as Attachment – 4. Certificates of good standing for the applicants are also included in Attachment – 1.

- a. LB Properties currently holds the title to the real property in which the ambulatory surgical treatment center is located. The Illinois certificate of good standing is attached.
- b. MOR AmSurg RE LLC is an Illinois limited liability company and will be the entity that will hold title to the real property in which the ambulatory surgical treatment center is located. The Illinois certificate of good standing is attached.
- c. AmSurg Surgery Center is an Illinois limited partnership and the operator of the ambulatory surgical treatment center. The Illinois certificate of good standing is attached.

2. 1130.520(b)(1)(B) – Background of the 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 signature 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 care facility owned and/or operated by them during the three (3) years prior to the filing of this application.

3. 1130.520(b)(1)(C) – Structure of the Transaction

LB Properties owns the property located at 998 129th Infantry Drive, Joliet, Illinois 60435. MOR AmSurg RE LLC (the “Buyer”) will acquire the Property from LB Properties.

This application for a certificate of exemption is for the change of ownership of the physical plant only, and there will be no change to the operation of the ambulatory surgical treatment center.

The proposed change of ownership of the Property is subject to approval of COE by the HFSRB. The purchase price for the building is \$5,000,000. The Property will be conveyed to the Buyer through a special warranty deed which will be recorded with the Will County Recorder of Deeds.

The acquisition of the Property by the Buyer is not expected to result in any changes in the operations of the ambulatory surgical treatment center or the activities or operations conducted on the Property.

4. 1130.520(b)(1)(D) – Name of Licensed Entity After Transaction

AmSurg Surgery Center will continue to be the licensed entity after the proposed transaction. There will be no change in the licensed entity as a consequence of the proposed transaction.

5. 1130.520(b)(1)(E) – List of Ownership or Membership Interest in the Licensed Entity Prior to and After the Transaction

An organizational chart showing the current ownership structure of the Applicants, along with the post-closing ownership structure, is included at Attachment - 4. Certificates of good standing for each of the Applicants are included in Attachment – 1.

6. 1130.520(b)(1)(F) – Fair Market Value of Assets to be Transferred

\$5,000,000, subject to ordinary accounting adjustments.

7. 1130.520(b)(1)(G) – Purchase Price of Other Forms of Consideration to be Paid

\$5,000,000, subject to ordinary accounting adjustments.

8. 1130.520(b)(2) – Affirmations

In accordance with 77 Ill. Admin. Code § 1130.520, each of the Applicants affirm.

- a. The transaction documents contain a provision that closing is subject to COE approval.
- b. No adverse action has been taken against any of the Applicants by the federal government, licensing or certification 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 (3) years.
- c. Any projects for which permits have been issued by the HFSRB have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Admin. 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)(3) – If 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.

Not applicable.

10. 1130.520(b)(4) – Anticipated Benefits to the Community

There should be no change in the operation of AmSurg Surgery Center as a result of the proposed transaction.

11. 1130.520(b)(5) – Anticipated or Potential Cost Savings

There should be no change in the operation of AmSurg Surgery Center as a result of the proposed transaction.

12. 1130.520(b)(6) – Quality Improvement Program

There should be no change in the operation of AmSurg Surgery Center as a result of the proposed transaction.

13. 1130.520(b)(7) – Selection Process for Governing Body

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

14. 1130.520(b)(9) – Change to Scope of Service or Levels of Care

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

Section IV – Charity Care Information

The table below provides charity care information for the most recent three years AmSurg Surgery Center.

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$12,660,937	\$9,301,630	\$7,428,275
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 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		17 – 20
2	Site Ownership		21 – 37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		38 – 39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		40 – 42
5	Background of the Applicant		43 – 45
6	Change of Ownership		46 – 48
7	Charity Care Information		49