BY EMAIL

Shakeel Ahmed, M.D.
(314) 479-2676
Shakeelahmedgi@gmail.com

December 4, 2024

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

RE: O'Fallon Surgical Center, Project #23-047 Final Report

Dear Mr. Kniery:

This letter represents the project close-out, including the final cost report, for certificate of need (CON) permit #23-047 and complies with Section 1130.770 of the Illinois Health Facilities and Services Review Board's rules. The project received a CON permit on August 8, 2024. The project completion date of record is December 31, 2024. All expenditures were made on or before November 22, 2024 and services commenced at that time.

The Project Costs table below provides an itemized listing showing the Approved Permit Amount and the Final Realized Costs.

PROJECT COSTS	Approved Permit Amount	Final Realized Costs
Preplanning Costs	$0	$0
Site Survey and Soil Investigation	$0	$0
Site Preparation	$0	$0
Off Site Work	$0	$0
New Construction Contracts	$0	$0
Modernization Contracts	$0	$0
Contingencies	$0	$0
Architectural/Engineering Fees	$0	$0
Consulting and Other Fees	$0	$0
Movable or Other Equipment (not in construction contracts)	$10,000	$9,800
Bond Issuance Expense (project related)	$0	$0
Net Interest Expense During Construction (project related)[1]	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0
Other Costs To be Capitalized	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0
TOTAL PROJECT COSTS	$10,000	$9,800

The Project Sources of Funds table below provides a listing of the sources of funding of the project.

PROJECT SOURCES OF FUNDS	Approved Permit Amount	Actual Expenditures
Cash and Securities	$10,000	$9,800
Pledges	$0	$0
Gifts and Bequests	$0	$0
Bond Issues (project related)	$0	$0
Mortgages	$0	$0
Leases (fair market value)	$0	$0
Governmental Appropriations	$0	$0
Grants	$0	$0
Other Funds & Sources (book value of FFE that was relocated)	$0	$0
TOTAL FUNDS	$10,000	$9,800

This letter certifies that the reported final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Titles XVIII or XIX.

This letter certifies that the project is in compliance with all of the terms of the associated permit.

If you have any questions about this project, please feel free to contact Kara Friedman at KFriedman@Polsinelli.com.

Sincerely,

Shakeel Ahmed, M.D.