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: Central Illinois Endoscopy Center, LLC
Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
County: Peoria Health Service Area: HSA 2 Health Planning Area: C-01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan Gordon-Booth

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

Exact Legal Name: The Carle Foundation d/b/a Carle Health
Street Address: 611 West Park Street
City and Zip Code: Urbana 61801
Name of Registered Agent: James Leonard
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana 61801
Name of Chief Executive Officer: James Leonard
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana 61801
CEO Telephone Number: (217) 383-3311

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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 W. Park Street Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com

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

Name: Andrew Kloeckner
Title: Attorney
Company Name: Baird Holm LLP
Address: 1700 Farnam St. Suite 1500 Omaha, NE 68102-2068
Telephone Number: (402) 636-8222
E-mail Address: akloeckner@bairdholm.com

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: Central Illinois Endoscopy Center, LLC
Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
County: Peoria Health Service Area: HSA 2 Health Planning Area: C-01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan Gordon-Booth

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

Exact Legal Name: The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital
Street Address: 221 N.E. Glen Oak Ave.
City and Zip Code: Peoria 61636
Name of Registered Agent: Keith Knepp, MD
Registered Agent Street Address: 221 N.E. Glen Oak Ave.
Registered Agent City and Zip Code: Peoria 61636
Name of Chief Executive Officer: Keith Knepp, MD
CEO Street Address: 221 N.E. Glen Oak Ave.
CEO City and Zip Code: Peoria 61636
CEO Telephone Number: (309) 871-2528

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐
Other

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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: Central Illinois Endoscopy Center, LLC		
Street Address: 1001 Main St., Suite 500A		
City and Zip Code: Peoria 61606		
County: Peoria	Health Service Area: HSA 2	Health Planning Area: C-01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan Gordon-Booth

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

Exact Legal Name: Central Illinois Endoscopy Center, LLC
Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
Name of Registered Agent: Jeffrey McDaniel
Registered Agent Street Address: 3725 46th Ave.
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of President: Shiraz Khaiser, MD
CEO Street Address: 1001 Main St., Suite 500A
CEO City and Zip Code: Peoria 61606
CEO Telephone Number: (309) 370-6451

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

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Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
County: Peoria Health Service Area: HSA 2 Health Planning Area: C-01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan Gordon-Booth

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

Exact Legal Name: IGI Enterprises, LLC
Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle St. Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604-1101
Name of President: Shiraz Khaiser, MD
CEO Street Address: 1001 Main St., Suite 500A
CEO City and Zip Code: Peoria 61606
CEO Telephone Number: (309) 370-6451

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
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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: Central Illinois Endoscopy Center, LLC
Street Address: 1001 Main St., Suite 500A
City and Zip Code: Peoria 61606
County: Peoria Health Service Area: HSA 2 Health Planning Area: C-01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan Gordon-Booth

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

Exact Legal Name: IGI Physician Partners, LLC
Street Address: 1001 Main St., Suite 500
City and Zip Code: Peoria 61606
Name of Registered Agent: Karen Stumpe
Registered Agent Street Address: 301 SW Adams St. Suite 700
Registered Agent City and Zip Code: Peoria, IL 61602
Name of President: Shiraz Khaiser, MD
CEO Street Address: 1001 Main St., Suite 500A
CEO City and Zip Code: Peoria 61606
CEO Telephone Number: (309) 370-6451

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.

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Telephone Number: 217-902-5521
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Name: Andrew Kloeckner
Title: Attorney
Company Name: Baird Holm LLP
Address: 1700 Farnam St. Suite 1500 Omaha, NE 68102-2068
Telephone Number: (402) 636-8222
E-mail Address: akloeckner@bairdholm.com

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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 West Park Street, Urbana, IL 61801
Telephone Number: (217) 902-5521
E-mail Address: Collin.Anderson@Carle.com

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Peoria Illinois Medical Properties, LLC
Address of Site Owner: One Town Center Road, Suite 300 Boca Raton, FL 33486
Street Address or Legal Description of the Site: 1001 Main St. Suite 500A, Peoria, IL 61606 **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 <u>ATTACHMENT 2,</u> 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: Central Illinois Endoscopy Center, LLC				
Address: 1001 Main St., Suite 500A Peoria, IL 61606				
☐	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: Central Illinois Endoscopy Center, LLC

Address: 1001 Main St., Suite 500A Peoria, IL 61606

☐	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 <u>ATTACHMENT 3</u>, 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 <u>ATTACHMENT 4,</u> 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.

Central Illinois Endoscopy Center, LLC ("CIEC") is the operator/licensee of an ambulatory surgical treatment center located at 1001 Main St., Suite 500A in Peoria, Illinois. Currently, IGI Enterprises, LLC, an Illinois limited liability company ("Enterprises") owns 51% of outstanding units of ownership in CIEC. IGI Physician Partners LLC, an Illinois limited liability company, owns 60% of the outstanding units of ownership in Enterprises. GI Alliance Endoscopy Illinois, LLC, a Delaware limited liability company, owns 40% of the outstanding units of ownership in Enterprises. The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital, an Illinois not-for-profit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code ("MMCI"), owns 49% of the outstanding units of ownership in CIEC.

MMCI and Enterprises have entered into a letter of intent whereby MMCI will purchase all of Enterprises' outstanding units of ownership in CIEC. After the close of the transaction, MMCI will be the sole member of CIEC and will own 100% of the outstanding units of ownership in CIEC. Methodist Health Services Corporation is the sole corporate member of MMCI. The Carle Foundation d/b/a Carle Health is the sole corporate member of Methodist Health Services Corporation. The planned transaction is scheduled to close January 1, 2024, or as soon thereafter as all closing conditions have been satisfied.

Subject to approval of this Change of Ownership Application for Exemption, neither the licensed facility of the ambulatory surgical treatment center nor the legal entity operating the ambulatory surgical treatment center and maintaining responsibility for the ambulatory surgical treatment center will change as a result of the transaction.

The total consideration to be paid by MMCI to Enterprises for the purchase of its 51% ownership interest in CIEC is $15,100,000.00.

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 ☒ No
Purchase Price: n/a

Fair Market Value: n/a

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): January 1, 2024 or as soon thereafter as all closing conditions have been satisfied or waived

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry
☐ APORS n/a
☒ 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 The Carle Foundation, an Illinois not-for-profit corporation.

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

James Leonard, M.D.
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of September, 2023

Signature of Notary

Seal

"OFFICIAL SEAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024

*Insert the EXACT legal name of the applicant

SIGNATURE

Dennis Hesch
PRINTED NAME

Executive Vice President and System CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of September, 2023

Signature of Notary

Seal

"OFFICIAL SEAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024

CERTIFICATION

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- 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 The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital.

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

Keith Knepp, MD
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of September 2023

Signature of Notary

Seal

SIGNATURE

Jeanette Murray
PRINTED NAME

VP, Chief of Hospital Operations
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of September, 2023

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

VICTORIA ANN RAYNER
OFFICIAL SEAL
Notary Public - State Of Illinois
My Commission Expires
March 16, 2027

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Central Illinois Endoscopy Center, 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

Scott Wu, MD
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of September 2023

Signature of Notary

Seal

SIGNATURE

Jeannine Spain
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 20___

Signature of Notary

Seal

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Central Illinois Endoscopy Center, 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

Scott Wu, MD
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 20___

Signature of Notary

Seal

SIGNATURE

Jeanine Spain
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of September, 2023

Signature of Notary

Seal

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This Application is filed on the behalf of IGI Enterprises, 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

Shiraz Khaiser, MD
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of September, 2023
Victoria Ann Rayner
Signature of Notary

Seal

SIGNATURE

Scott Wu, MD
PRINTED NAME

Manager
PRINTED TITLE

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Victoria Ann Rayner
Signature of Notary

Seal

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of IGI Physician Partners 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.

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PRINTED TITLE

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Seal

SIGNATURE

Scott Wu, MD
PRINTED NAME

Manager
PRINTED TITLE

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Signature of Notary

Seal

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VICTORIA ANN RAYNER
OFFICIAL SEAL
Notary Public - State Of Illinois
My Commission Expires
March 16, 2027

VICTORIA ANN RAYNER
OFFICIAL SEAL
Notary Public - State Of Illinois
My Commission Expires
March 16, 2027

ATTACHMENT 1

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. The Carle Foundation d/b/a Carle Health;
2. The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital;
3. Central Illinois Endoscopy Center, LLC;
4. IGI Enterprises, LLC;
5. IGI Physician Partners LLC

File Number 2932-580-4

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 13TH *day of* JULY ***A.D.*** 2023 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2319402664 verifiable until 07/13/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 1

File Number 0788-821-0

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias**, *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*

THE METHODIST MEDICAL CENTER OF ILLINOIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 28, 1898, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* JUNE *A.D.* 2023 .

Authentication #: 2316001846 verifiable until 06/09/2024
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Attachment 1

File Number 0208017-6

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

CENTRAL ILLINOIS ENDOSCOPY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 16, 2007, 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* 1ST *day of* SEPTEMBER *A.D.* 2023 .

Authentication #: 2324400644 verifiable until 09/01/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 1

File Number 0314606-5

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

IGI ENTERPRISES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 23, 2009, 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.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* SEPTEMBER *A.D.* 2023 .

Authentication #: 2324400768 verifiable until 09/01/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 1

File Number 1130660-8

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *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*

IGI PHYSICIAN PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 13, 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* 1ST *day of* SEPTEMBER *A.D.* 2023 .

Authentication #: 2324400804 verifiable until 09/01/2024
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

Attachment 1

ATTACHMENT 2

Site Ownership

By signing the certification pages within this application, the Applicants attest that Peoria Illinois Medical Properties, LLC owns the property at 1001 N. Main St. Suite 500A Peoria, IL 61606.

ATTACHMENT 3

Operating Entity/Licensee

Central Illinois Endoscopy Center, LLC ("CIEC") is the licensee and operator of the Ambulatory Surgical Treatment Center ("ASTC"). Copies of the ASTC's license and accreditation are attached at Attachment- 5.

After the close of the transaction, Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital ("MMCI") will be the sole member of CIEC and will own 100% of the outstanding units of ownership in CIEC. CIEC will continue to hold the license and operate the ASTC.

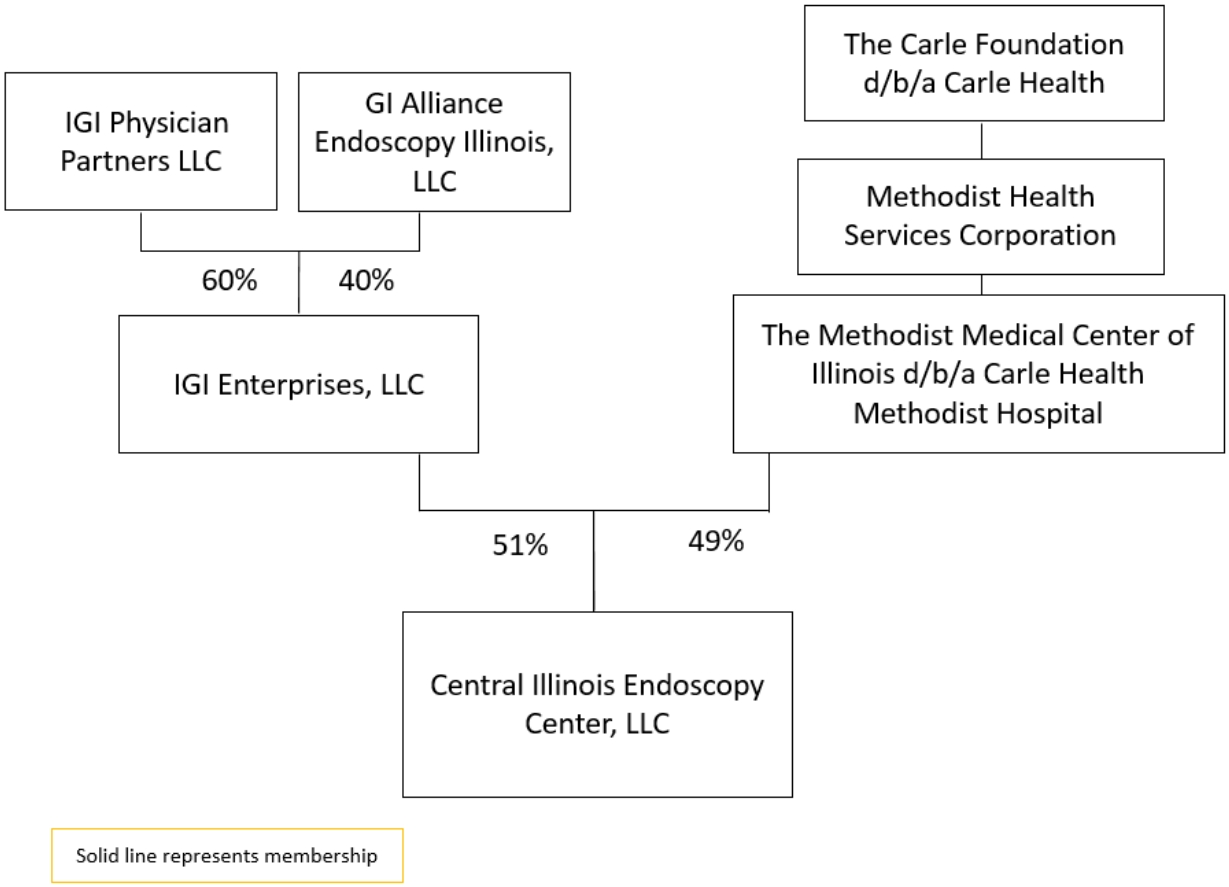
Methodist Health Services Corporation is the sole corporate member of MMCI. The Carle Foundation d/b/a Carle Health is the sole corporate member of Methodist Health Services Corporation.

ATTACHMENT 4

Organizational Relationships

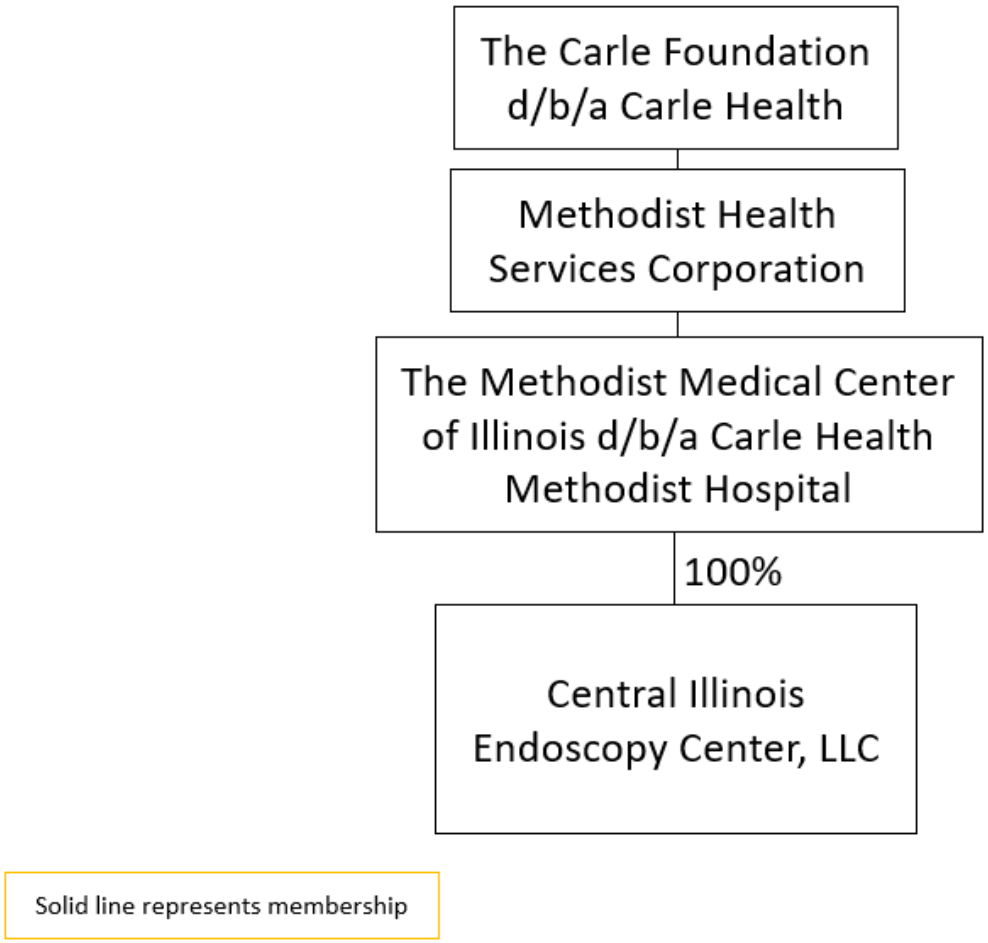
The pre-closing and post-closing organizational charts for Central Illinois Endoscopy Center, LLC are attached hereto at Attachment- 4.

Pre-Closing Organizational Chart



Attachment 4

Post-Closing Organizational Chart



Attachment 4

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 <u>ATTACHMENT 5</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

ATTACHMENT 5
Background of Applicants

A. The Carle Foundation ("Carle Health")

1. A listing of all healthcare facilities owned or operated by Carle Health, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Carle Health:

- The Carle Foundation Hospital
  - License Number: 003798
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
  - License Number: 004788
  - Accreditation Identification Number: HFAP ID: 175621
- Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
  - License Number: 004200
  - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
- Carle BroMenn Medical Center
  - License Number: 0005645
  - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
- Carle Eureka Hospital
  - License Number: 0005652
  - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO
- Champaign SurgiCenter, LLC
  - License Number: 7002959
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle Danville Surgery Center
  - License Number: 7002439
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- The Center for Orthopedic Medicine, LLC d/b/a Center for Outpatient Medicine, LLC
  - License Number: 7002116

  - Accreditation Identification Number: AAAHC #109077
- The Center for Orthopedic Medicine, LLC d/b/a BroMenn Care and Comfort Suites
  - License Number: 4000025
  - Accreditation Identification Number: AAAHC #109077
- The Methodist Medical Center of Illinois
  - License Number: 001834
  - Accreditation Identification Number: Joint Commission ID # 7407
- Proctor Hospital
  - License Number: 001925
  - Accreditation Identification Number: Joint Commission ID # 7409
- Pekin Memorial Hospital
  - License Number: 001594
  - Accreditation Identification Number: Joint Commission ID # 7408

2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by Carle Health.

Carle Health also has non-controlling interests in the following health facilities.

- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339
- Renal Intervention Center
  - License Number: 371387622
  - Accreditation Number: AAAHC Accreditation # 24085

3. Attestation.

Carle Health attests that in the last three years prior to filing of this COE application, there has been no “adverse action” (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Carle Health and subject to HFSRB jurisdiction.

4. Authorization.

HFSRB and IDPH are hereby authorized by Carle Health to access any documents necessary to verify the information submitted within this application relating to Carle Health, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

B. The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital

1. A listing of all healthcare facilities owned or operated by The Methodist Medical Center of Illinois, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Illinois Health Facilities Planning Act, 20 ILCS 3960 et seq. (the "Act")) owned by The Methodist Medical Center of Illinois:

- The Methodist Medical Center of Illinois
  - License Number: 001834
  - Accreditation Identification Number: Joint Commission ID # 7407

2. A listing of all healthcare facilities owned (at least 5%) and/or operated in Illinois by The Methodist Medical Center of Illinois.

The Methodist Medical Center of Illinois also has non-controlling interests in the following health facilities.

- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339

3. Attestation.
The Methodist Medical Center of Illinois attests that in the last three years prior to filing of this Certificate of Exemption ("COE") application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois healthcare facility owned and operated by The Methodist Medical Center of Illinois.

4. Authorization.
The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by The Methodist Medical Center of Illinois to access any documents necessary to verify the information submitted within this application relating to The Methodist Medical Center of Illinois, including, but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

C. Central Illinois Endoscopy Center, LLC

1. A listing of all healthcare facilities owned or operated by Central Illinois Endoscopy Center, LLC, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Illinois Health Facilities Planning Act, 20 ILCS 3960 et seq. (the "Act")) owned by Central Illinois Endoscopy Center, LLC:

- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339

2. A listing of all healthcare facilities owned (at least 5%) and/or operated in Illinois by Central Illinois Endoscopy Center, LLC.

n/a

3. Attestation.
Central Illinois Endoscopy Center, LLC attests that in the last three years prior to filing of this Certificate of Exemption ("COE") application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois healthcare facility owned and operated by Central Illinois Endoscopy Center, LLC.

4. Authorization.
The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by Central Illinois Endoscopy Center, LLC to access any documents necessary to verify the information submitted within this application relating to Central Illinois Endoscopy Center, LLC, including, but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

D. IGI Enterprises, LLC

1. A listing of all healthcare facilities owned or operated by IGI Enterprises, LLC, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Illinois Health Facilities Planning Act, 20 ILCS 3960 et seq. (the "Act")) owned by IGI Enterprises, LLC:

- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339

2. A listing of all healthcare facilities owned (at least 5%) and/or operated in Illinois by IGI Enterprises, LLC.

n/a

3. Attestation.
IGI Enterprises, LLC attests that in the last three years prior to filing of this Certificate of Exemption ("COE") application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois healthcare facility owned and operated by IGI Enterprises, LLC.

4. Authorization.
The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by IGI Enterprises, LLC to access any documents necessary to verify the information submitted within this application relating to IGI Enterprises, LLC, including, but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

E. IGI Physician Partners LLC

1. A listing of all healthcare facilities owned or operated by IGI Physician Partners LLC, including licensing, and certification.

The following is a list of all Illinois healthcare facilities (as that term is defined in the Illinois Health Facilities Planning Act, 20 ILCS 3960 et seq. (the "Act")) owned by IGI Physician Partners LLC:

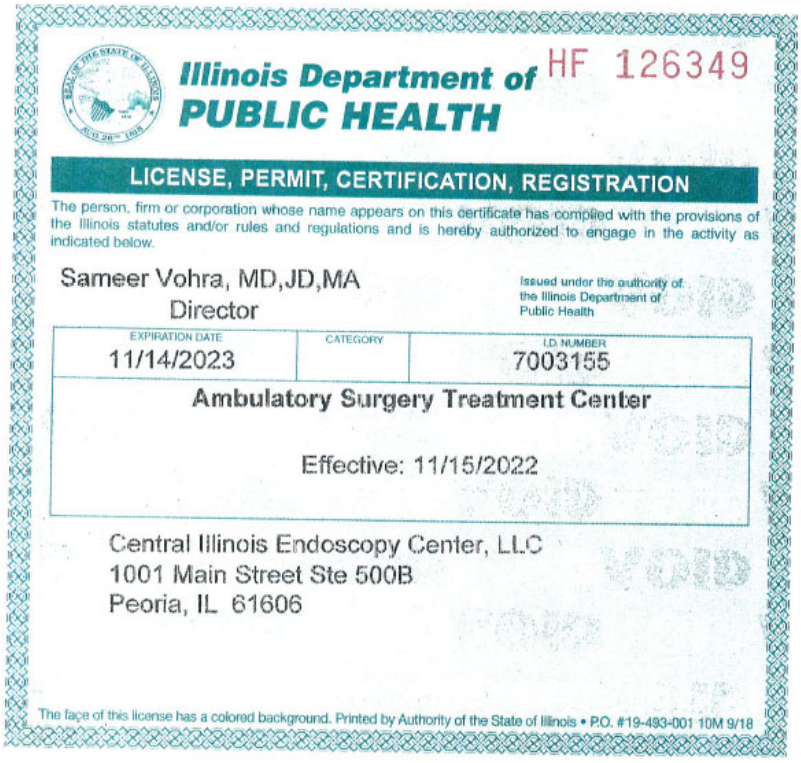
- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339

2. A listing of all healthcare facilities owned (at least 5%) and/or operated in Illinois by IGI Physician Partners LLC.

n/a

3. Attestation.
IGI Physician Partners LLC attests that in the last three years prior to filing of this Certificate of Exemption ("COE") application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois healthcare facility owned and operated by IGI Physician Partners LLC.

4. Authorization.
The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by IGI Physician Partners LLC to access any documents necessary to verify the information submitted within this application relating to IGI Physician Partners LLC, including, but not limited to: official records of IDPH or other state agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.



Illinois Department of PUBLIC HEALTH

HF 126349

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/14/2023		7003155

Ambulatory Surgery Treatment Center

Effective: 11/15/2022

Central Illinois Endoscopy Center, LLC
1001 Main Street Ste 500B
Peoria, IL 61606

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 11/14/2023

Lic Number 7003155

Date Printed 9/21/2022

Central Illinois Endoscopy Center, LLC

1001 Main Street Ste 500B
Peoria, IL 61606-2037

FEE RECEIPT NO.

AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

December 21, 2021

Organization #	86339		
Organization Name	Central Illinois Endoscopy Center, LLC dba Central Illinois Endoscopy Center		
Address	1001 Main St., Suite 500B		
City | State | Zip	Peoria	IL	61606
Decision Recipient	Mr. Andy Paulson		
Survey Date	12/9/2021-12/10/2021	**Type of Survey**	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	1/14/2022	**Accreditation Term Expires**	1/13/2025
Accreditation Renewal Code		876E592A86339	

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

1. 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.
2. 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.
3. 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.
4. 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
5250 Old Orchard RD, STE 200
Skokie, Illinois 60077
TEL 847.853.6060
FAX 847.853.9028
www.aaahc.org
info@aaahc.org

Attachment 5

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.

AAAHC / 1095 STRONG

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	X
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
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 <u>ATTACHMENT 6,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ATTACHMENT 6

1130.520. Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Names of Parties, Post-Closing Licensee and Structure of the Transaction - (1130.520 (b)(1)(A), (b)(1)(B) and (b)(1)(C))

Central Illinois Endoscopy Center, LLC ("CIEC") is the operator/licensee of an ambulatory surgical treatment center. Currently, IGI Enterprises, LLC, an Illinois limited liability company ("Enterprises") owns 51% of outstanding units of ownership in CIEC. IGI Physician Partners LLC, an Illinois limited liability company, owns 60% of the outstanding units of ownership in Enterprises. GI Alliance Endoscopy Illinois, LLC, a Delaware limited liability company, owns 40% of the outstanding units of ownership in Enterprises. The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital, an Illinois not-for-profit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code ("MMCI"), owns 49% of the outstanding units of ownership in CIEC.

MMCI and Enterprises have entered into a letter of intent whereby MMCI will purchase all of Enterprises' outstanding units of ownership in CIEC. After the close of the transaction, MMCI will be the sole member of CIEC and will own 100% of the outstanding units of ownership in CIEC. Methodist Health Services Corporation is the sole corporate member of MMCI. The Carle Foundation d/b/a Carle Health is the sole corporate member of Methodist Health Services Corporation. The planned transaction is scheduled to close January 1, 2024, or as soon thereafter as all closing conditions have been satisfied.

Subject to approval of this Change of Ownership Application for Exemption, neither the licensed facility of the ambulatory surgical treatment center nor the legal entity operating the ambulatory surgical treatment center and maintaining responsibility for the ambulatory surgical treatment center will change as a result of the transaction.

The total consideration to be paid by MMCI to Enterprises for the purchase of its 51% ownership interest in CIEC is $15,100,000.00.

List of Membership Interests -1130.520(b)(1)(E)

Following the completion of the contemplated transaction, The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital will become the sole member of Central Illinois Endoscopy Center, LLC. Central Illinois Endoscopy Center, LLC will continue to hold the license and operate the ASTC.

The Carle Foundation d/b/a Carle Health is the sole corporate member of Methodist Health Services Corporation, which is the sole corporate member of The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital.

Fair Market Value of the Membership Interest Being Purchased -1130.520(b)(1)(F)

$15,100,000[1].

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

$15,100,000[2].

Affirmation regarding Outstanding CON Permits -1130.520(b)(2)

Applicant The Carle Foundation d/b/a Carle Health holds the following Certificate of Need permits and Certificates of Exemption:

- 22-017 The Methodist Medical Center of Illinois d/b/a Young Minds Institute
- 22-038 Proctor Hospital
- E-072-22 The Methodist Medical Center of Illinois

Applicant The Methodist Medical Center of Illinois holds the following Certificate of Need permits and Certificates of Exemption:

- 22-017 The Methodist Medical Center of Illinois d/b/a Young Minds Institute
- E-072-22 The Methodist Medical Center of Illinois

With the signatures in the certification section of this Certificate of Exemption application, the Applicants affirm that the above-identified project will be completed in accordance with all applicable provisions of Section 1130.

[1] The fair market value figure noted above is a good faith estimate of the value of Central Illinois Endoscopy Center, LLC membership interest being purchased. The value ascribed to Central Illinois Endoscopy Center, LLC at the closing date for accounting and finance purposes will be based upon the information available as of the closing date and may be different than the foregoing figure.

[2] The consideration paid at closing may be subject to adjustments based on common business practices.

Hospital Financial Assistance Policy Affirmation -1130.520(b)(3)

Not Applicable.

Anticipated Benefits and Cost Savings -1130.520(b)(4) and (b)(5)

Anticipated Benefits

Carle Health will work to define and implement the integration of CIEC in a manner that:

- Furthers the charitable mission of Carle Health in meeting the needs of the communities it serves with a commitment to care for the vulnerable and underserved;
- Continues to improve and ensure continued patient access to comprehensive, convenient, high quality gastrointestinal services in the Peoria community;
- Continues to improve and manage the health status of the population within the communities served;
- Promotes community health and well-being through enhanced patient care, research and educational efforts;
- Builds the medical community through Carle's strongly-aligned relationships and enhanced education and developmental opportunities;
- Enhances sound stewardship through the efficient delivery of all services, resulting in favorable financial viability for CIEC and other Carle providers; and
- Enhances community benefit and public policy advocacy.

The parties believe the planned transaction will result in delivering high value and quality care for patients, physicians and payers, and will also be in the best interests of the community at large.

Anticipated Cost Savings

Carle hopes to deliver care in Peoria and surrounding communities in a manner that results in cost savings and other efficiencies with the goal of enhancing operational uniformity, efficiency, quality, outcomes and performances, as well as access to in-house resources of Carle's system.

Quality Improvement Program to be Utilized– 1130.520(b)(7)

Carle Health has a longstanding commitment to a culture of quality, safety, service and evidence-based practices. By aspiring to consistently engage in process improvement and improve consistency to meet the highest standards for quality and patient satisfaction, Carle will continue to advance its commitment to delivering care that is of the highest quality, and eliminates preventable harm. It is also anticipated that Carle will evaluate opportunities to integrate CIEC's quality plan with its own quality plan after the closing of the planned transaction.

Governing Body Composition/Selection Process -1130.520(b)(7)

The Board of Managers of Central Illinois Endoscopy Center, LLC will consist of six (6) Managers. Upon consummation of the planned transaction, the Board of Managers of Central Illinois Endoscopy Center, LLC shall consist of the same individuals who serve on the Executive Committee of Carle Health - West Region.

Scope of Services – 1130.520(b)(9)

There will be no changes in the Categories of Service(s) provided by Central Illinois Endoscopy Center, LLC within 24 months following the closing of the planned transaction unless Central Illinois Endoscopy Center, LLC applies for and obtains approval from the HFSRB to make any adjustments necessary to best address the healthcare needs of the community it serves.

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.

ATTACHMENT 7

1. Charity Care Information – Central Illinois Endoscopy Center

CHARITY CARE			
	FY 2020	**FY 2021**	**FY 2022**
Net Patient Revenue	$6,683,347	$7,633,648	$9,247,151
Amount of Charity Care (charges)	$38,475	$12,385	$5,445
Cost of Charity Care	$19,210	$7,308	$2,755

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	20-25
2	Site Ownership	26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28-30
5	Background of the Applicant	31-40
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7	Charity Care Information	48-49