

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: HSHS St. Elizabeth's Hospital ASTC and Medical Office Building		
Street Address: Parcel Number: 03250408016 (see attached legal description)		
City and Zip Code: O'Fallon 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: One St. Elizabeth's Boulevard
City and Zip Code: O'Fallon 62269
Name of Registered Agent: Paige Toth
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Chris A. Klay
CEO Street Address: One St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon 62269
CEO Telephone Number: 618-234-2120

**Type of Ownership of Applicants**

<input checked="checked" type="checkbox"/> Non-profit Corporation	<input 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: Paige Toth
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

**Additional Contact** [Person who is also authorized to discuss the application for permit]

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Dr., Suite 4400, Chicago, IL 60606
Telephone Number: (312) 214-4861
E-mail Address: <a href="mailto:Daniel.Lawler@btlaw.com">Daniel.Lawler@btlaw.com</a>
Fax Number: (312) 759-5646

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The project is to be located on the campus of HSHS St. Elizabeth's Hospital in O'Fallon. The project site does not yet have a street address. The applicants will provide the street address to the Health Facilities and Services Review Board when it is available. As indicated in the Narrative Description (page 7) and Attachment 2, Attestation of Site Ownership, the project site is identified as Parcel Number 03250408016. The legal description of this parcel is as follows:

That part of lot 14 of the "Assessment Plat of part of Lots 11 & 14 of Mary Scheibel Tracts Assessment Plat", of the East half of the Southeast quarter of Section 25, Township 2N., Range 8 West of the Third Principal Meridian, reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats "54" on Page 88, described as follows:

A strip of land 200 feet in width (being measured at a right angle) off the West side of said Lot 14 and a strip of land 655.1 feet in width (being measured at a right angle) off the South side of the above described assessment plat. Subject to an easement 25.0 feet in width off the East side of Lot 14.

Excepting that part thereof conveyed to the County of St. Clair, a Municipal Corporation, by Trustees Deed recorded July 27, 2000 as Document A01567282 in Book 3452 on page 1942.

Except the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals.

Situated in St. Clair County, Illinois.