

ORIGINAL

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

E-006-25
RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAY 21 2025

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: MIRA Neuro Behavioral Health Center		
Street Address: 6775 Prosperi Drive		
City and Zip Code: Tinley Park, Illinois 60447		
County: Cook	Health Service Area: 6	Health Planning Area: A-4

Legislators

State Senator Name: Michael E. Hastings
State Representative Name: Debbie Myers-Martin

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

Exact Legal Name: Itasca Holdings LLC
Street Address: 48 Jasmine
City and Zip Code: Avon, Colorado 81620
Name of Registered Agent: Chad I Daugherty
Registered Agent Street Address: 48 Jasmine
Registered Agent City and Zip Code: Avon, Colorado 81620
Name of Chief Executive Officer: Chad I Daugherty
CEO Street Address: 48 Jasmine
CEO City and Zip Code: Avon, Colorado 81620
CEO Telephone Number:

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: Kara M. Friedman/Anne M. Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: MIRA Neuro Behavioral Health Center		
Street Address: 6775 Prosperi Drive		
City and Zip Code: Tinley Park, Illinois 60447		
County: Cook	Health Service Area: 6	Health Planning Area: A-4

Legislators

State Senator Name: Michael E. Hastings
State Representative Name: Debbie Myers-Martin

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

Exact Legal Name: Sunshine Behavioral Health Group LLC
Street Address: 2955 East First Avenue, Suite 200
City and Zip Code: Denver, Colorado 80206
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 7700 East Arapahoe Road, Suite 220
Registered Agent City and Zip Code: Centennial, Colorado 80112-1268
Name of Chief Executive Officer: Chad I Daugherty
CEO Street Address: 2955 East First Avenue, Suite 200
CEO City and Zip Code: Denver, Colorado 80206
CEO Telephone Number:

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
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Other	
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Fax Number:

Facility/Project Identification

Facility Name: MIRA Neuro Behavioral Health Center		
Street Address: 6775 Prosperi Drive		
City and Zip Code: Tinley Park, Illinois 60447		
County: Cook	Health Service Area: 6	Health Planning Area: A-4

Legislators

State Senator Name: Michael E. Hastings
State Representative Name: Debbie Myers-Martin

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

Exact Legal Name: Shore Light Behavioral Health of Illinois, LLC
Street Address: 2955 East 1 st Street, Suite 200
City and Zip Code: Denver, Colorado 80206
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 60604-1101
Name of Chief Executive Officer: Chad I Daugherty
CEO Street Address: 2955 East First Avenue, Suite 200
CEO City and Zip Code: Denver, Colorado 80206
CEO Telephone Number:

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
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☒ Limited Liability Company	☐ Sole Proprietorship
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E-mail Address: kfriedman@polsinelli.com / acooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: MIRA Neuro Behavioral Health Center		
Street Address: 6775 Prosperi Drive		
City and Zip Code: Tinley Park, Illinois 60447		
County: Cook	Health Service Area: 6	Health Planning Area: A-4

Legislators

State Senator Name: Michael E. Hastings
State Representative Name: Debbie Myers-Martin

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

Exact Legal Name: MIRA Neuro Behavioral Health Care, LLC
Street Address: 11800 South 75 th Avenue, Suite 300
City and Zip Code: Palos Heights, Illinois 60463
Name of Registered Agent: Pedersen & Houpt
Registered Agent Street Address: 161 North Clark Street, Suite 2700
Registered Agent City and Zip Code: Chicago, Illinois 60601
Name of Chief Executive Officer: Christopher Higgins, Psy. D.
CEO Street Address: 11800 South 75 th Avenue, Suite 3000
CEO City and Zip Code: Palos Heights, Illinois 60463
CEO Telephone Number: 708-671-8440

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
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E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: MIRA Neuro Behavioral Health Center		
Street Address: 6775 Prosperi Drive		
City and Zip Code: Tinley Park, Illinois 60447		
County: Cook	Health Service Area: 6	Health Planning Area: A-4

Legislators

State Senator Name: Michael E. Hastings
State Representative Name: Debbie Myers-Martin

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

Exact Legal Name: FHAM LLC
Street Address: 2955 East 1 st Street, Suite 200
City and Zip Code: Denver, Colorado 80206
Name of Registered Agent: Thomas P. Kearns
Registered Agent Street Address: 45000 River Ridge Drive, Suite 350
Registered Agent City and Zip Code: Clinton Township, Michigan 48038
Name of Chief Executive Officer: Chad I Daugherty
CEO Street Address: 2955 East First Avenue, Suite 200
CEO City and Zip Code: Denver, Colorado 80206
CEO Telephone Number:

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: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acoop@polsinelli.com
Fax Number:

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

Name: Stephen Van Hooser
Title: Director of Compliance & Regulatory Affairs
Company Name: SBH Group, LLC
Address: 30950 Rancho Viejo Road, Ste 225, San Juan Capistrano, CA 92675
Telephone Number: 949-877-6873

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

E-mail Address: stephenv@sunshinebh.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: Stephen Van Hooser
Title: Director of Compliance & Regulatory Affairs
Company Name: SBH Group, LLC
Address: 30950 Rancho Viejo Road. Ste 225, San Juan Capistrano, CA 92675
Telephone Number: 949-877-6873
E-mail Address: stephenv@sunshinebh.com
Fax Number:

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: FHAM, LLC
Address of Site Owner: 2955 East 1 st Street, Suite 200, Denver, Colorado 80206
Street Address or Legal Description of the Site: 6775 Prosperi Drive, Tinley Park, Illinois 60477 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: MIRA Neuro Behavioral Health Care, LLC	
Address: 6775 Prosperi Drive, Tinley Park, Illinois 60477	
☐ 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: Shore Light Behavioral Health of Illinois, LLC	
Address: 2955 East 1 st Street, Suite 200, Denver, Colorado 80206	
☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site.

MIRA Neuro Behavioral Health Care, LLC ("MIRA"), Itasca Holdings LLC, Sunshine Behavioral Health Group LLC ("Sunshine") and Shore Light Behavioral Health of Illinois LLC ("Shore Light") propose a change of ownership of MIRA Neuro Behavioral Health Center, a 30-bed psychiatric hospital located at 6775 Prosperi Drive, Tinley Park, Illinois (the "Hospital").

Shore Light will acquire substantially all of the clinical assets of the Hospital. As a result of the transaction, Shore Light will become the operator and licensee of the Hospital. (the "Planned Transaction"). MIRA and Itasca Holdings, LLC are included as co-applicants, as MIRA currently has ultimate control of the Hospital and Itasca Holdings, LLC will have ultimate control of the Hospital after the Planned Transaction.

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:	\$8,250,000	
Fair Market Value:	\$8,250,000	

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): December 31, 2025, or as soon thereafter as all closing conditions have been satisfied

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry - NOT APPLICABLE
 - ☐ APORS - NOT APPLICABLE
 - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - ☐ All reports regarding outstanding permits - NOT APPLICABLE
- 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 representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of Itasca Holdings 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

DocuSigned by:

Chad I. Daugherty

EA5E043002FE4C4

SIGNATURE

SIGNATURE

Chad I. Daugherty

PRINTED NAME

PRINTED NAME

Manager

PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert EXACT legal name of the applicant

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 for Permit is filed on the behalf of Sunshine Behavioral Health Group 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

DocuSigned by:

Chad I. Daugherty

EA5E043002FE4C4

SIGNATURE

Chad I. Daugherty

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

Signed by:

J. Brandon Turner

37592A11AF7E424

SIGNATURE

J. Brandon Turner

PRINTED NAME

Chief Financial Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- 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 for Permit is filed on the behalf of Shore Light Behavioral Health of Illinois 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

DocuSigned by:

Chad I. Daugherty

EA5E043002FE4C4

SIGNATURE

Chad I. Daugherty

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

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this ____ day of _____

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Seal

Signed by:

J. Brandon Turner

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SIGNATURE

J. Brandon Turner

PRINTED NAME

Chief Financial Officer

PRINTED TITLE

Notarization:

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this ____ day of _____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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);
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- 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 for Permit is filed on the behalf of MIRA Neuro Behavioral Health Care, 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Signed by:

Christopher Higgins

1649205DAC3842D

SIGNATURE

SIGNATURE

Christopher Higgins

PRINTED NAME

PRINTED NAME

Manager

PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert EXACT legal name of the applicant

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

This Application for Permit is filed on the behalf of **FHAM 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

DocuSigned by:

Chad I. Daugherty

EA5E043002FE4C4

SIGNATURE

Chad I. Daugherty

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

Notarization:

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this _____ day of _____

Signature of Notary

Seal

Signed by:

J. Brandon Turner

37592A11AF7E424

SIGNATURE

J. Brandon Turner

PRINTED NAME

Chief Financial Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

Certificate Of Completion

Envelope Id: C246B23C-B9B4-4200-8028-459E3B2E7E53

Status: Completed

Subject: Please Docusign [#INC-576473]: Sunshine Signature Pages -COE Application (Turner & Daugherty)

Source Envelope:

Document Pages: 7

Signatures: 10

Envelope Originator:

Certificate Pages: 5

Initials: 0

Legal Support Center - Polsinelli

AutoNav: Enabled

800 W 47th St Ste 300

Envelope Stamping: Enabled

Kansas City, MO 64112

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

lsc@polsinelli.com

IP Address: 209.236.106.6

Record Tracking

Status: Original

Holder: Legal Support Center - Polsinelli

Location: DocuSign

5/15/2025 1:27:01 PM

lsc@polsinelli.com

Signer Events

Chad I. Daugherty

chad@sunshinebh.com

Ceo

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

EAS: 043602FE4C4

Signature Adoption: Pre-selected Style
Using IP Address: 76.155.136.130

Timestamp

Sent: 5/15/2025 1:45:04 PM

Viewed: 5/15/2025 1:50:57 PM

Signed: 5/15/2025 1:51:19 PM

Electronic Record and Signature Disclosure:

Accepted: 5/15/2025 1:50:57 PM

ID: ce9f9c3c-c69f-43e2-b679-d7df47c77053

J. Brandon Turner

brandont@sunshinebh.com

CFO

Sunshine Behavioral Health Group, LLC

Security Level: Email, Account Authentication
(None)

Signed by:

37592A11AF7E4D4

Signature Adoption: Pre-selected Style
Using IP Address: 8.53.68.243

Sent: 5/15/2025 1:45:03 PM

Viewed: 5/15/2025 2:00:34 PM

Signed: 5/15/2025 2:00:45 PM

Electronic Record and Signature Disclosure:

Accepted: 4/21/2025 9:12:00 PM

ID: 29a1af9e-22c3-47a3-ae33-4e13f2352dd6

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Anne Cooper

acooper@polsinelli.com

Security Level: Email, Account Authentication
(None)

COPIED

Sent: 5/15/2025 1:45:03 PM

Viewed: 5/15/2025 2:01:28 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Witness Events

Signature

Timestamp

Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/15/2025 1:45:03 PM
Certified Delivered	Security Checked	5/15/2025 2:00:34 PM
Signing Complete	Security Checked	5/15/2025 2:00:45 PM
Completed	Security Checked	5/15/2025 2:00:45 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, polsinelli (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact polsinelli:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: cgoodspeed@polsinelli.com

To advise polsinelli of your new email address

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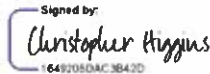
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chiggins.psyd@miracaregroup.com

President

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact polsinelli:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: cgoodspeed@polsinelli.com

To advise polsinelli of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at cgoodspeed@polsinelli.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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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

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	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.	

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

Certificates of Good Standing for Itasca Holdings LLC, Sunshine Behavioral Health Group LLC, Shore Light Behavioral Health of Illinois LLC, MIRA Neuro Behavioral Health Care, LLC, and FHAM LLC (collectively, the "Applicants") are attached at Attachment – 1.

MIRA Neuro Behavioral Health Care, LLC ("MIRA") is the current licensee of the hospital.

Shore Light Behavioral Health of Illinois LLC ("Shore Light") will be the operator/licensee of MIRA Neuro Behavioral Health Center after closing of the planned transaction.

Sunshine Behavioral Health Group LLC ("Sunshine") is the sole member of Shore Light.

FHAM LLC ("FHAM") will be real estate owner after closing the Planned Transaction.

As the entity with final control over Shore Light, Sunshine and FHAM LLC, Itasca Holdings LLC has been named as an applicant for this certificate of exemption ("COE") application.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Itasca Holdings LLC

is a

Limited Liability Company

formed or registered on 07/12/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221677131 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/14/2025 that have been posted, and by documents delivered to this office electronically through 05/15/2025 @ 12:07:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/15/2025 @ 12:07:16 in accordance with applicable law. This certificate is assigned Confirmation Number 17304045 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Sunshine Behavioral Health Group LLC

is a

Limited Liability Company

formed or registered on 06/07/2024 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20241624685 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/14/2025 that have been posted, and by documents delivered to this office electronically through 05/15/2025 @ 12:08:34 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/15/2025 @ 12:08:34 in accordance with applicable law. This certificate is assigned Confirmation Number 17304053 .

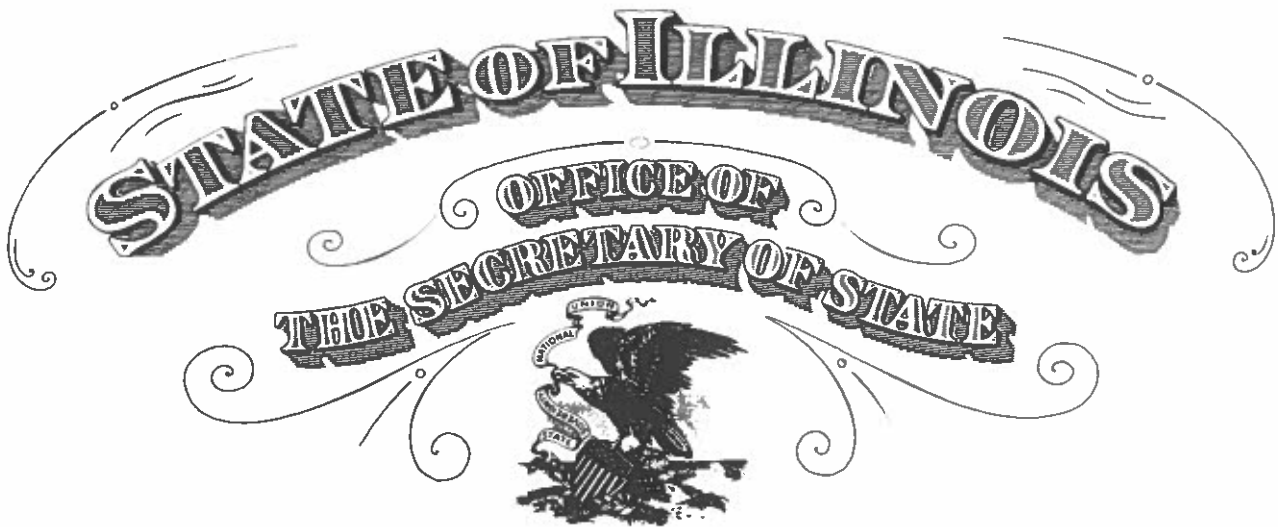


Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz-CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



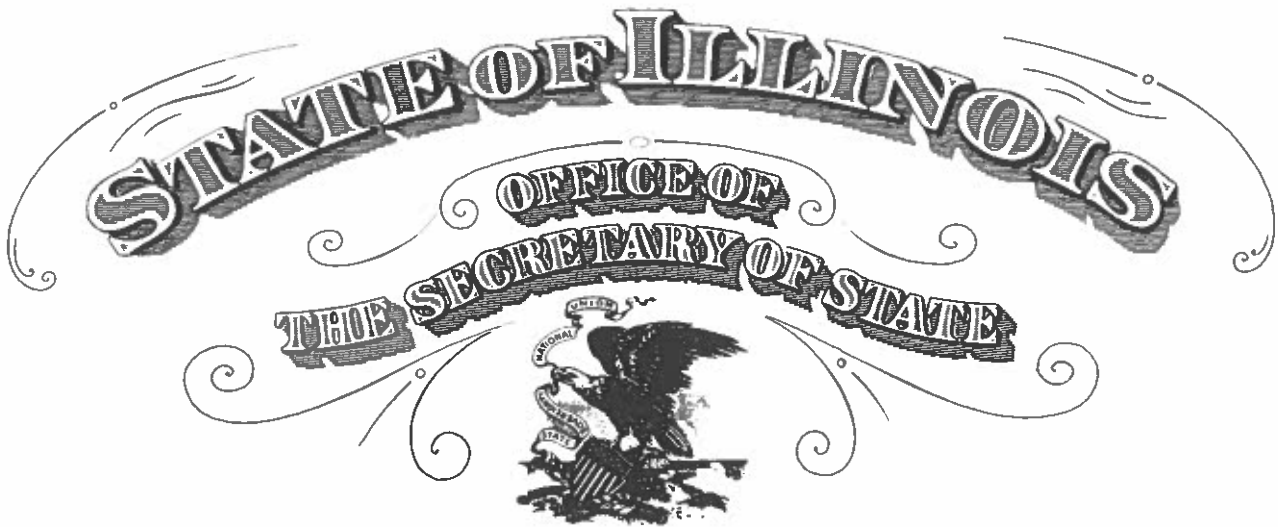
To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

SHORE LIGHT BEHAVIORAL HEALTH OF ILLINOIS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2025, 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 16TH day of MAY A.D. 2025 .



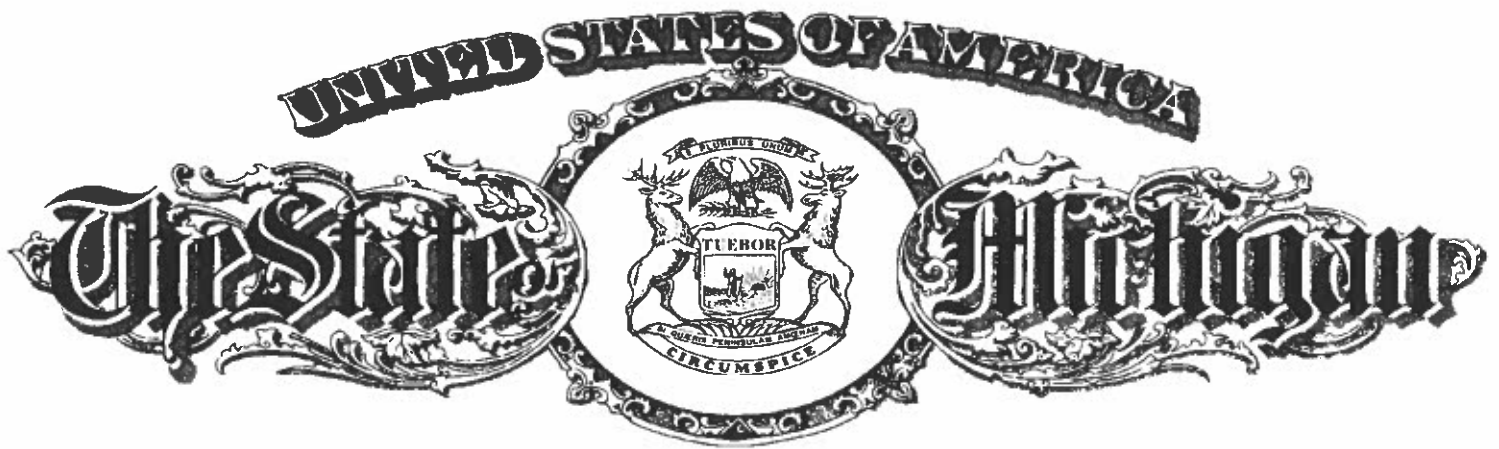
To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2018, 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 13TH day of MAY A.D. 2025 .



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
FHAM LLC

*was validly authorized on March 17, 2016, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 25050319407

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 13th day of May, 2025.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

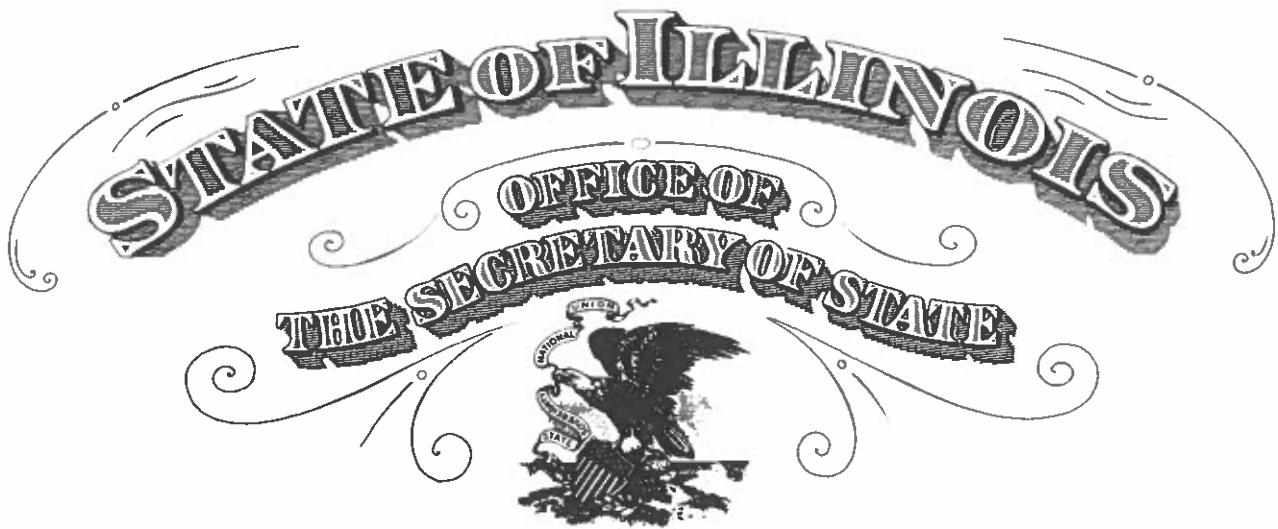
Section I, Identification, General Information, and Certification
Site Ownership

In connection with the transaction, the acquiring applicants will obtain site control pursuant to a real estate purchase and sale agreement transaction. The applicants will submit the LOI documentation under separate cover, subject to privilege and non-disclosure.

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

The Illinois Certificate of Good Standing for Shore Light Behavioral Health of Illinois LLC is attached at Attachment – 3.

Attachment – 3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

SHORE LIGHT BEHAVIORAL HEALTH OF ILLINOIS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2025, 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.

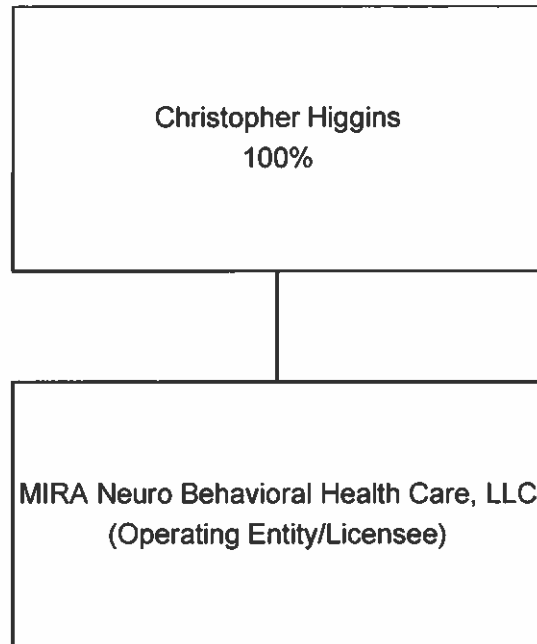


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MAY A.D. 2025 .

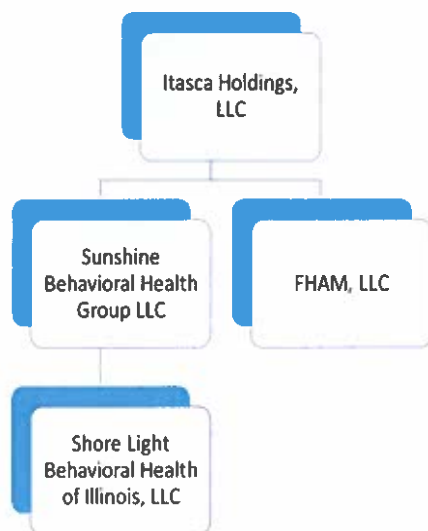
Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational charts showing the current organizational structure of MIRA Neuro Behavioral Health Center, along with the post-transaction ownership structure are attached at Attachment - 4.

Pre-Transaction Organizational Chart



Post-Transaction Organization Chart



Section II, Background of the Applicant

1. MIRA owns one Illinois Department of Public Health ("IDPH") licensed health care facility, MIRA Neuro Behavioral Health Center. Itasca Holdings LLC, Sunshine, and Shore Light do not own or operate any IDPH licensed health care facilities.
2. Letters from the Applicants certifying no adverse action has been taken against any facility owned and/or operated by the Applicants in Illinois during the three years prior to filing this application is attached at Attachment – 5B.
3. An authorization permitting the State Board and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies is attached at Attachment – 5B.

MIRA Neuro Behavioral Health Care, LLC			
Name	Address	City	License No.
Mira Behavioral Health Care, LLC	6775 Prosperi Drive	Tinley Park	0006304

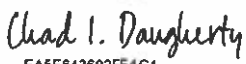
Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any Illinois facility owned or operated by Itasca Holdings LLC during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

DocuSigned by:

EA6E843602FE4C
Chad I. Daugherty
Manager
Itasca Holdings LLC

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any Illinois facility owned or operated by Sunshine Behavioral Health Group LLC during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Signed by:



37592A11AF7E424
J. Brandon Turner

Chief Financial Officer

Sunshine Behavioral Health Group LLC

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any Illinois facility owned or operated by Shore Light Behavioral Health of Illinois LLC during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Signed by:

37592A11AF7E424
J. Brandon Turner
Chief Financial Officer
Shore Light Behavioral Health of Illinois LLC

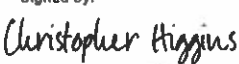
Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any Illinois facility owned or operated by MIRA Neuro Behavioral Health Care, LLC during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Signed by:

1649205DAC3B42D...

Christopher Higgins
Manager
MIRA Neuro Behavioral Health Care, LLC

Section III, Change of Ownership (CHOW)

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

Applicable Review Criteria – CHOW

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

Christopher Higgins owns the outstanding equity interest in MIRA.

MIRA is the current licensee of the Hospital.

Shore Light will be the operator/licensee of the Hospital after the Planned Transaction.

Sunshine is the sole member of Shore Light.

FHAM will own the building housing the Hospital after the Planned Transaction.

Itasca Holdings, LLC is the ultimate parent with final control of Sunshine, FHAM and Shore Light.

2. 1130.520(b)(1)(C) – Structure of the Transaction

Itasca Holdings LLC, Sunshine, and Shore Light propose a change of ownership of MIRA Neuro Behavioral Health Center, a 30-bed psychiatric hospital located at 6775 Prosperi Drive, Tinley Park, Illinois (the "Hospital").

Shore Light will acquire substantially all of the clinical assets of the Hospital. As a result of the transaction, Shore Light will become the operator and licensee of the Hospital. (the "Planned Transaction"). MIRA and Itasca Holdings, LLC are included as co-applicants, as MIRA currently has ultimate control of the Hospital and Itasca Holdings, LLC will have ultimate control of the Hospital after the Planned Transaction.

3. 1130.520(b)(1)(D) – Name of Licensed Entity After Transaction

Shore Light Behavioral Health of Illinois LLC

4. 1130.520(b)(1)(E) – List of Ownership or Membership Interest in the Licensed Entity Prior to and After the Transaction

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

5. 1130.520(b)(1)(F) – Fair Market Value of the Assets to be Transferred

\$8,650,000

\$8,250,000 – Building

\$400,000 – Hospital Assets

As is customary with transactions of this type, the consideration agreed upon at or immediately prior to closing may be adjusted based on a variety of factors and most particularly in this instance the completion of diligence on the building to ensure that the infrastructure of and systems in the building meet applicable code requirements.

6. 1130.520(b)(1)(G) – Purchase Price of Other Forms of Consideration to be Paid

\$8,650,000

\$8,250,000 – Building

\$400,000 – Hospital Assets

As is customary with transactions of this type, the consideration agreed upon at or immediately prior to closing may be adjusted based on a variety of factors and most particularly in this instance the completion of diligence on the building to ensure that the infrastructure of and systems in the building meet applicable code requirements.

7. 1130.520(b)(2) – Affirmations

MIRA has no outstanding certificate of need permits or certificate of exemption approvals.

8. 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.

Shore Light agrees that for a period of two years following the closing of the Planned Transaction, it will not adopt a more restrictive charity care (financial assistance) policy than the policy that was in effect one year prior to the closing date of the Planned Transaction.

9. 1130.520(b)(4) – Anticipated Benefits to the Community

On August 24, 2023, MIRA notified the State Board that acute mental illness services at the Hospital were temporarily suspended. Through the acquisition of the Hospital's assets, Shore Light will resume acute mental illness services at the Hospital. This will improve access to behavioral health services for residents of the community.

10. 1130.520(b)(5) – Anticipated or Potential Cost Savings

Given the Hospital's limited operating history, the Applicants have not identified any empirically quantifiable cost savings at the outset of the proposed transaction.

11. 1130.520(b)(6) – Quality Improvement Program

Shore Light will institute a quality improvement program to ensure the hospital delivers safe, effective, patient-centered, timely, efficient, and equitable behavioral health services through continuous performance improvement that meet or exceed the Joint Commission ("TJC") accreditation standards, Illinois Department of Public Health ("IDPH") regulations, and Centers for Medicare and Medicaid Services (CMS) condition of participation.

Program objectives include: monitoring key performance indicators across clinical, operational, and safety domains; data driven performance improvement projects, data-informed decision-making, and continuous readiness for regulatory and accreditation surveys.

Focus areas of the QIP include:

- Patient safety using falls, medication errors, restraint use, and sentinel events as key indicators.
- Infection control looking at healthcare-associated infections ("HAI"), hand hygiene compliance, and personal protective equipment ("PPE") use as key indicators.
- Clinical outcomes based on readmission rates, symptom improvement, and length of stay.
- Patient satisfaction analyzing surveys and complaint tracking as key indicators.
- Staff competence using training logs, credentialing, and supervision logs to track progress.
- Environmental care, which will look at fire drills, maintenance logs, and safety inspections to ensure continuous safe environment for patients, staff, and visitors.
- Access and continuity of care based on intake wait times and discharge planning initiation.

Data to analyze the focus areas will be gathered using electronic medical records for clinical data and documentation audits, incident reporting system to track safety events, patient satisfaction surveys for feedback and trends, staff credentialing and training system to ensure staff compliance and competency, manual audit to ensure staff comply with hand hygiene and PPE use, focus groups and interviews to obtain qualitative patient and staff feedback.

Each year, the Quality Improvement Committee ("QIC") will select two to four Practice Incentive Programs ("PIP") based on data trends or risk areas. Selection of the PIPs is data-driven, cross-disciplinary, and time-bound with measurable goals, such as reducing the use of the restraints by 25% in 6 months, improving hand hygiene compliance to greater than 90%, and reducing average readmission rates by 10%.

To ensure a robust QIP, monthly departmental reports are submitted to the QIP coordinator. Each quarter, the QIC reviews hospital-wide data and PIP process. Annually, the Comprehensive QIP Annual Report is shared with the Governing Body.

Staff are a vital part of the QIP. All departments have a Quality Liaison, and staff participate in a Root Cause Analyses ("RCA") for sentinel events. In addition to regular feedback forums (e.g., biannual town halls and focus groups), all staff participate in annual QIP training, along with targeted training for department-specific metrics.

Finally, to ensure continuous improvement, the hospital conducts two mock surveys annually. TJC and IDPH standards are reviewed quarterly with staff updated on any

changes, so necessary changes to processes and practices can be promptly implemented to ensure compliance with TJC and IDPH standards.

12. 1130.520(b)(7) – Selection Process for Governing Body

Shore Light will be governed by the Board of Managers of its sole member, Sunshine Behavioral Health Group, LLC. The two Board members of Sunshine Behavioral Health Group, LLC are appointed by the members of Sunshine Behavioral Health Group, LLC.

13. 1130.520(b)(9) – Change to Scope of Service or Levels of Care

There are no proposed changes to the Category of Service as planned to be provided at the Hospital within 24 months following close of the Planned Transaction.

Section IV – Charity Care Information

The Hospital has not operated for the past two years and has no data to report based on its operations from inception.

**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		30- 35
2	Site Ownership		36
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		37 – 38
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		39 – 41
5	Background of the Applicant		42 – 47
6	Change of Ownership		48 – 51
7	Charity Care Information		52