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: Shifa Kidney Care West Metro		
Street Address: 1044 N. Mozart		
City and Zip Code: Chicago 60622		
County: Cook	Health Service Area: 6	Health Planning Area:

Legislators

State Senator Name: Omar Aquino
State Representative Name: Lilian Jiménez

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

Exact Legal Name: Shifa Dialysis West Metro, LLC
Street Address: 5797 N. Lincoln Avenue
City and Zip Code: Chicago 60659
Name of Registered Agent: Mazher M. Shah-Khan
Registered Agent Street Address: 5797 N. Lincoln Ave
Registered Agent City and Zip Code: Chicago 60659
Name of Manager: Farheen Shah-Khan, M.D.
Manager Street Address: 5797 N. Lincoln Avenue
Manager City and Zip Code: Chicago 60659
Manager Telephone Number: 773-232-2300

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: Juan Morado, Jr. and Pilar Mendez
Title: CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff
Address: 71 S. Wacker Drive, Suite 1600, Chicago IL 60606
Telephone Number: 312-212-4967 and 872-302-6454
E-mail Address: JMorado@beneschlaw.com and PMendez@beneschlaw.com

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

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County: Cook	Health Service Area: 6	Health Planning Area:

Legislators

State Senator Name: Omar Aquino
State Representative Name: Lilian Jiménez

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

Exact Legal Name: Fresenius Kidney Care West Metro, LLC
Street Address: 920 Winter Street
City and Zip Code: Waltham 02451
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: Cassie McLean
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham 02451
CEO Telephone Number: 800-662-1237

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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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: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Medical Care- North America
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6807
E-mail Address: lori.wright@freseniusmedicalcare.com
Fax Number: 630-960-6812

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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Facility Name: Fresenius Kidney Care West Metro		
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Legislators

State Senator Name: Omar Aquino
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fresenius Medical Care Holdings, Inc.
Street Address: 920 Winter Street
City and Zip Code: Waltham 02451
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: Cassie McLean
CEO Street Address: 920 Winter Street
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CEO Telephone Number: 800-662-1237

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
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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: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Medical Care - North America
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6807
E-mail Address: lori.wright@freseniusmedicalcare.com
Fax Number: 630-960-6812

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

Name: Farheen Shah-Khan, M.D.
Title: Medical Director
Company Name: Shifa Dialysis
Address: 1540 W. Chicago Avenue
Telephone Number: 773-232-2300
E-mail Address: info@shifadialysisusa.com
Fax Number: 773-232-2301

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: Farheen Shah-Khan, M.D.
Title: Medical Director
Company Name: Shifa Dialysis
Address: 1540 W. Chicago Avenue
Telephone Number: 773-232-2300
E-mail Address: info@shifadialysisusa.com

Site Ownership after the Project is Complete [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Humboldt Park Health
Address of Site Owner: 1044 N. Mozart Ave., Chicago, IL 60622
Street Address or Legal Description of the Site: **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: Fresenius Kidney Care West Metro, LLC					
Address: 1044 N. Mozart Avenue, Chicago IL 60622					
☐	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: Shifa Kidney Care West Metro, LLC

Address: 1044 N. Mozart Avenue, Chicago IL 60622

☐	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.

Fresenius Kidney Care West Metro, LLC currently operates as an EndStage Renal Dialysis ("ESRD") facility located at 1044 N. Mozart Ave, Chicago, IL 60622 ("West Metro"). West Metro is joint venture currently owned by Shifa Dialysis West Metro, LLC and Fresenius Meical Care Holdings, LLC.

Following this transaction, 100% of the ownership units in the joint venture will be transferred to Shifa Dialysis West Metro, LLC. Shifa Dialysis West Metro, LLC is 100% owned by Farheen Shah-Khan, M.D.

Following the transaction, the facility will operate as Shifa Kidney Care West Metro. There will be no other changes to the operations of the facility.

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: NOT APPLICABLE

Fair Market Value: $1.00

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): March 31, 2026

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

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 Shifa Dialysis West Metro, 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.

Sharik Khan
SIGNATURE

FARHEEN M-SHAN-KHAN
PRINTED NAME

Managing Member
PRINTED TITLE

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

Signature of Notary

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

CERTIFICATION - Applicant

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 behalf of Fresenius Medical Care West Metro, 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.

Nadejda Pentcheva
SIGNATURE

Nadejda Pentcheva
PRINTED NAME

Director of Operation
PRINTED TITLE

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

Signature of Notary

Seal

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

Amy Mealman
SIGNATURE

Amy Mealman
PRINTED NAME

Regional Vice President
PRINTED TITLE

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

Signature of Notary

Seal

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

*Insert the EXACT legal name of the applicant

CERTIFICATION – Co-Applicant

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 Fresenius Medical Care Holdings, Inc. 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

Bryan Mello

PRINTED NAME

VP and Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of June

Signature of Notary

Seal

SIGNATURE

Domenic Gaeta

PRINTED NAME

VP and Assistant Secretary

PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Elizabeth D. Scully
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
9/28/29

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
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	2020	**2021**	**2022**
Net Patient Revenue	**$301,554**	**$701,351**	**$1,137,121**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	16-18
2	Site Ownership	19-20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	21-22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23-25
5	Background of the Applicant	26-32
6	Change of Ownership	33-48
7	Charity Care Information	49

ATTACHMENT 1
Applicant Certificates of Good Standing

Included with this attachment are:

1. The Certificate of Good Standing for the applicant facility, Fresenius Kidney Care West Metro, LLC.
2. The Certificate of Good Standing for Shifa Dialysis West Metro, LLC

ATTACHMENT 1
Certificate of Good Standing
Fresenius Kidney Care West Metro, LLC

File Number 0760652-4

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*

FRESENIUS MEDICAL CARE WEST METRO, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 15, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* NOVEMBER *A.D.* 2025 .

Authentication #: 2531502270 verifiable until 11/11/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Shifa Dialysis West Metro, LLC

File Number 0795876-5

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*

SHIFA DIALYSIS WEST METRO LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 30, 2019, 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* 11TH *day of* NOVEMBER *A.D.* 2025 .

Authentication #: 2531500400 verifiable until 11/11/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The site where the facility is located is currently owned by Humboldt Park Health. The address of the facility is 1044 N. Mozart Avenue, Chicago, IL 60622. Ownership of the site will be unchanged as a result of this proposal. There is a lease between Humboldt Park Health and Shifa Dialysis West Metro, LLC that will remain in effect. Attached as evidence is a letter reflecting an extension of the underlying lease for the facility through 2027.

ATTACHMENT 2
Site Ownership

FRESENIUS MEDICAL CARE

RETURN RECEIPT REQUESTED OR via OVERNIGHT MAIL

June 1, 2022

Norwegian American Hospital
Attention: Administration
1044 N. Francisco Avenue
Chicago, IL 60622

Re: Lease dated April 29, 1997; as may be amended from time to time, ("Lease") between Norwegian American Hospital ("Landlord") and WSKC Dialysis Services, Inc. d/b/a West Metro Dialysis Center, a/k/a Fresenius Kidney Care West Metro("Tenant") for the premises located at 1044 N. Mozart, Chicago, IL (the "Premises").

Dear Sir/Madam:

Pursuant to the terms of the above-referenced Lease, Tenant hereby exercises its option to renew said Lease for a term of five (5) years. Accordingly, the Lease shall now terminate on November 30, 2027.

Base Rent for the Renewal Option be in accordance with the terms of the Lease.

Please contact Brett Yancey if you have any questions at 781-918-8345.

Sincerely,

DocuSigned by:
Foster Bell
F7A436524048 4D0...

Cc: Thomas Garvey, Humboldt Park Health
Ken Hendren, Humboldt Park Health
Holley Kelly, RVP
Lease File

Fresenius Medical Care North America
Corporate Headquarters: 920 Winter Street Waltham, MA 02451-1457 DD- (781) 699-9000
Facsimile (781) 699-9776

ATTACHMENT 3
Operating Entity/Licensee

End-Stage Renal Disease centers are not licensed by the State of Illinois. They do maintain a certification with the federal Medicare program. The entity certified under Medicare will remain the same after the transaction. Included with this attachment is the entity's Certificate of Good Standing. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart included with Attachment 4.

ATTACHMENT 3
Operating Entity/Licensee

File Number 0795876-5

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*

SHIFA DIALYSIS WEST METRO LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 30, 2019, 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* 11TH *day of* NOVEMBER *A.D.* 2025 .

Authentication #: 2531500400 verifiable until 11/11/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

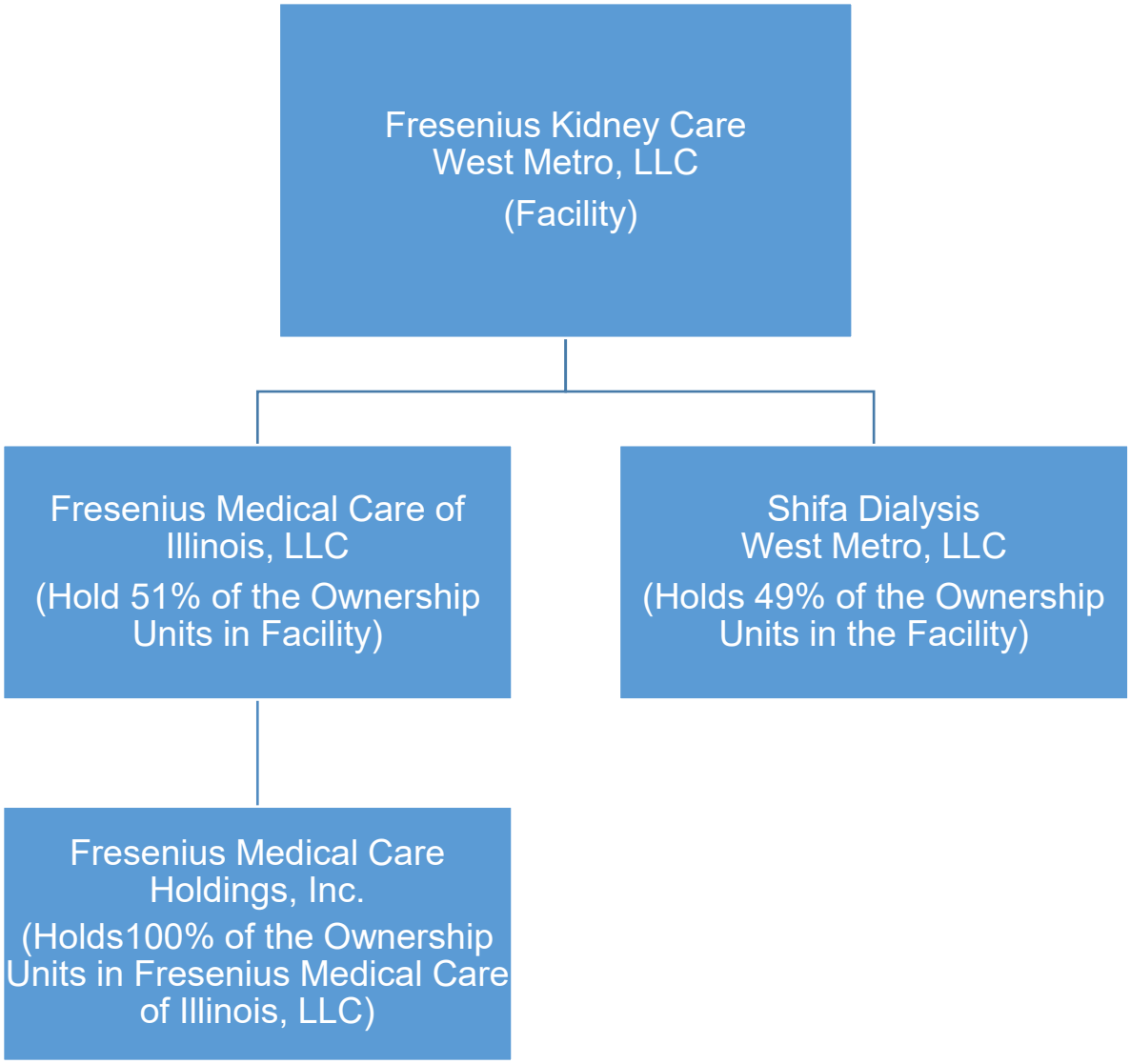
ATTACHMENT 4
Organizational Relationships

Fresenius Kidney Care West Metro, LLC is a joint venture currently owned by Shifa Dialysis West Metro, LLC.

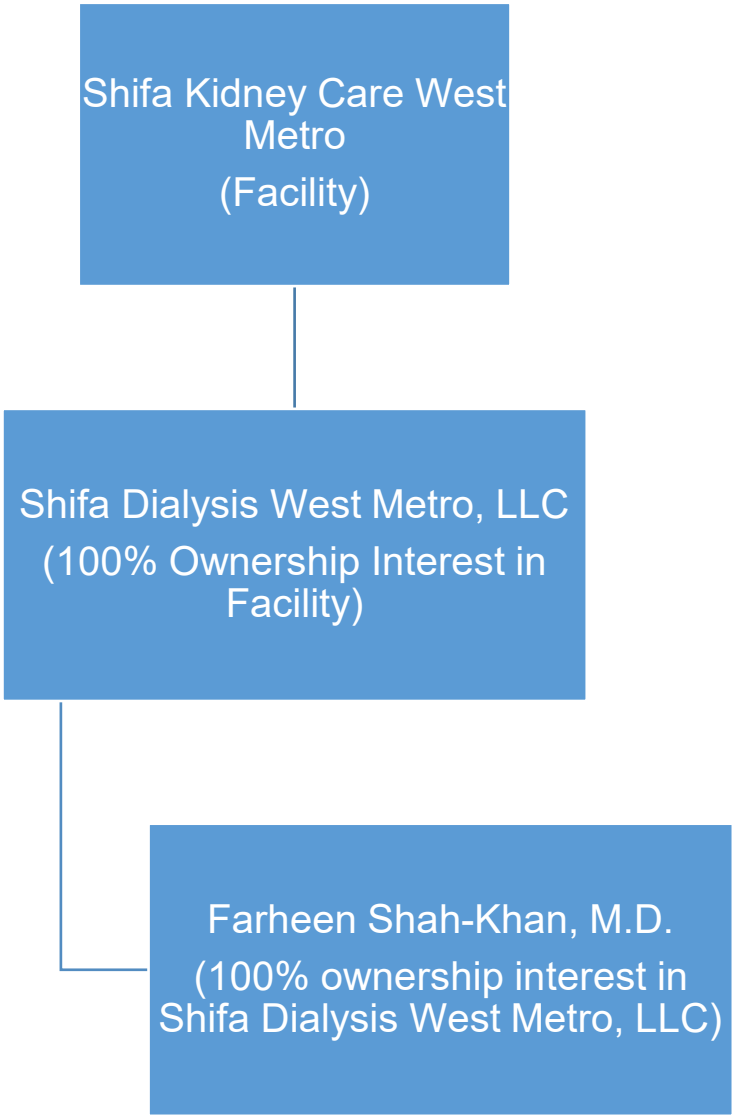
Following Board approval of the transaction, 100% of the ownership units in the joint venture will be transferred to Shifa Dialysis West Metro, LLC. Shifa Dialysis West Metro is 100% owned by Farheen Shah-Khan, M.D. Following the transaction, Fresenius Medical Care Holdings, Inc. nor its affiliates will have no ownership of the facility.

The ownership of the physical plant where the facility is located will remain unchanged, and patients will not experience any change in operations of the facility.

ATTACHMENT 4
Pre-Transaction Organizational Chart



ATTACHMENT 4
Post-Transaction Organizational Chart



ATTACHMENT 5
Background of the Applicants

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Included with this attachment are the Applicants' verifications that Fresenius Kidney Care West Metro, LLC, Shifa Dialysis West Metro, LLC, and Farheen Shah-Khan, M.D., have no ownership interest in any other healthcare facilities in Illinois. Fresenius Medical Care Holdings, Inc. maintains an ownership interest in several other facilities, a list of which is included with this attachment.

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.

See above.

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.

Included with this attachment are the Applicants' verifications of no adverse action during the three years prior to the filing of the application.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Included with this attachment are the Applicants' authorizations permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

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.

Not Applicable.

ATTACHMENT 5
Background of the Applicants

Certification & Authorization

Fresenius Medical Care West Metro, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care West Metro, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regard to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: Nadejda Pentcheva

ITS: Director of Operation

Notarization:
Subscribed and sworn to before me
this 13th day of November, 2025

Signature of Notary

Seal

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

By: Amy Mealman

ITS: Regional Vice President

Notarization:
Subscribed and sworn to before me
this 13th day of November, 2025

Signature of Notary

Seal

Official Seal
ERICA L BRODERICK
Notary Public, State of Illinois
Commission No. 906011
My Commission Expires December 18, 2027

ATTACHMENT 5
Background of the Applicants

Certification & Authorization
Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regard to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By:_____
ITS: VP and Assistant Treasurer

By:_____
ITS: VP and Assistant Secretary

Notarization:
Subscribed and sworn to before me
this 10th day of June, 2025

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2025

Signature of Notary

Seal

Elizabeth D. Scully
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
9/28/29

ATTACHMENT 5
Background of the Applicants

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	14-2839	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Beverly Ridge	14-2827	9924 S. Vincennes	Chicago	60643
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	8710 S.. Holland Road	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Heights	14-2832	15 E. Independence Drive	Chicago Heights	60411
Chicago Skyway	14-2516	1453 E. 75th St.	Chicago	60619
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Crestwood	14-2538	4815 Midlothian Turnpike	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	14-2837	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2823	8901 S. Kedzie Avenue	Evergreen Park	60805
Galesburg	14-2579	725 N. Seminary	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Grayslake	14-2880	1837 Victor Drive	Grayslake	60030
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	50 Tower Court, Suite B	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	14-2821	3520 Grand Avenue	Chicago	60651
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	210 E. Calhoun	Macomb	61455
Madison County	14-2870	1946 Grand Ave.	Granite City	62040
Marquette Park	14-2566	6535 S. Western Avenue	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	2205 E. Empire St.	Bloomington	61704
Melrose Park	14-2554	6 N. 9th Avenue	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect	14-2843	1710 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060

ATTACHMENT 5
Background of the Applicants

Clinic	Provider #	Address	City	Zip
Naperbrook	14-2765	2451 S Washington	Naperville	60565
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4616 S. Bishop Street	Chicago	60609
New Lenox	14-2868	662 Cedar Crossing Drive	New Lenox	60451
Niles	14-2559	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
NxStage Oak Brook	14-2779	1600 16th Street	Oak Brook	60513
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	946 W 63rd Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9332 Skokie Blvd.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Elgin	14-2856	770 N. McLean Blvd.	South Elgin	60177
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Springfield East	14-2853	140 S. Martin Luther King Drive	Springfield	62703
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7320 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Woodridge	14-2845	7550 Janes Avenue	Woodridge	60517
Zion	14-2841	1920 N. Sheridan Road	Zion	60099

ATTACHMENT 5
Background of the Applicants

November 10, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Shifa Dialysis West Metro, LLC– Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Shifa Dialysis West Metro, LLC, I, Dr. Farheen Shah-Khan give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that neither Shifa Dialysis West Metro, LLC has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Farheen Shah-Khan, M.D.
Manager
Shifa Dialysis West Metro, LLC

ATTACHMENT 5
Background of the Applicants

Amy Mealman, Regional Vice President
Fresenius Kidney Care
3500 Lacey Road
Downers Grove, IL 60515
309-714-5035
amy.mealman@freseniusmedicalcare.com

November 12, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Fresenius Kidney Care West Metro – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Fresenius Kidney Care West Metro, LLC, I, Amy Mealman, give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Fresenius Kidney Care West Metro has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Amy Mealman

Amy Mealman
Regional Vice President

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(1)(B) - Names of parties
The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

1. Fresenius Kidney Care West Metro, LLC
2. Shifa Dialysis West Metro, LLC

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(1)(B) - Background of the parties
"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."

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed owners will continue to provide a proper standard of health care services for the community.

We have included the Applicants' certifications of no adverse action within three years preceding the filing of the application. In addition, each of the Applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

Fresenius Medical Care Holdings, Inc.

Fresenius is a nationally-recognized leader in the kidney dialysis ecosystem, and they provide dialysis treatment and services at over 3,700 dialysis clinics, serving over 300,000 patients.

Fresenius Kidney Care West Metro, LLC

This entity is a joint venture between Fresenius Medical Care of Illinois, LLC and Shifa Dialysis West Metro, LLC. The facility offers 12 dialysis stations, and in 2022 provided 3,400 in-center treatments.

Shifa Dialysis West Metro, LLC

This entity is owned 100% by Farheen Shah-Khan, M.D. She is a board-certified nephrologist at Shifa Nephrology Associates LLC. She has trained at the nation's finest hospitals and training programs.

Dr. Shah-Khan completed her Nephrology Fellowship from Northwestern Memorial Hospital in Chicago, Illinois. Dr. Shah-Khan also completed a fellowship in Blood Banking and Transfusion Medicine from the University of Michigan Hospitals in Ann Arbor, Michigan, and her Internal Medicine Residency Training from Southern Illinois University Hospital.

She started her own practice and had a mission to bring together a group of clinicians who are like-minded and have the passion to serve underserved and neglected populations with chronic medical conditions like CKD. Her program features a highly experienced, multidisciplinary team that provides meaningful, hands-on patient care.

The team is dedicated to not just providing supportive care for CKD and ESRD patients but also identifying patients at risk for disease progression and preventing the disease progression by using the latest medications in the market.

With a growing number of medications and therapies available to treat chronic kidney disease (CKD), risk-versus-benefit discussions are increasingly critical. Balancing risks and benefits require assessing patients' understanding of these, as well as incorporating patient preferences and tolerance for side effects into shared decision-making.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(C) - Structure of the transaction
The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

This transaction at its core results in a change of ownership sufficient to constitute a change in control, thus warranting HFSRB approval. This transaction involves the sale of ownership interest in Fresenius Kidney Care West Metro, LLC ("Facility").

Ultimately, the transaction consists of: Fresenius Medical Care Holdings, Inc. through Fresenius Meical Care of Illinois, LLC relinquishing its controlling interest in the facility by selling all of its units to Shifa Dialysis West Metro, LLC.

The resulting ownership will consist of Shifa Dialysis West Metro, LLC holding 100% of the ownership units. Shifa Dialysis West Metro, LLC is in turn 100% owned by Farheen Shah-Khan, M.D.

ATTACHMENT 6
Change of Ownership

1130.520(b) (1)(D) - Entity to be Licensed after transaction
"Name of the person who will be the licensed or certified entity after the transaction"

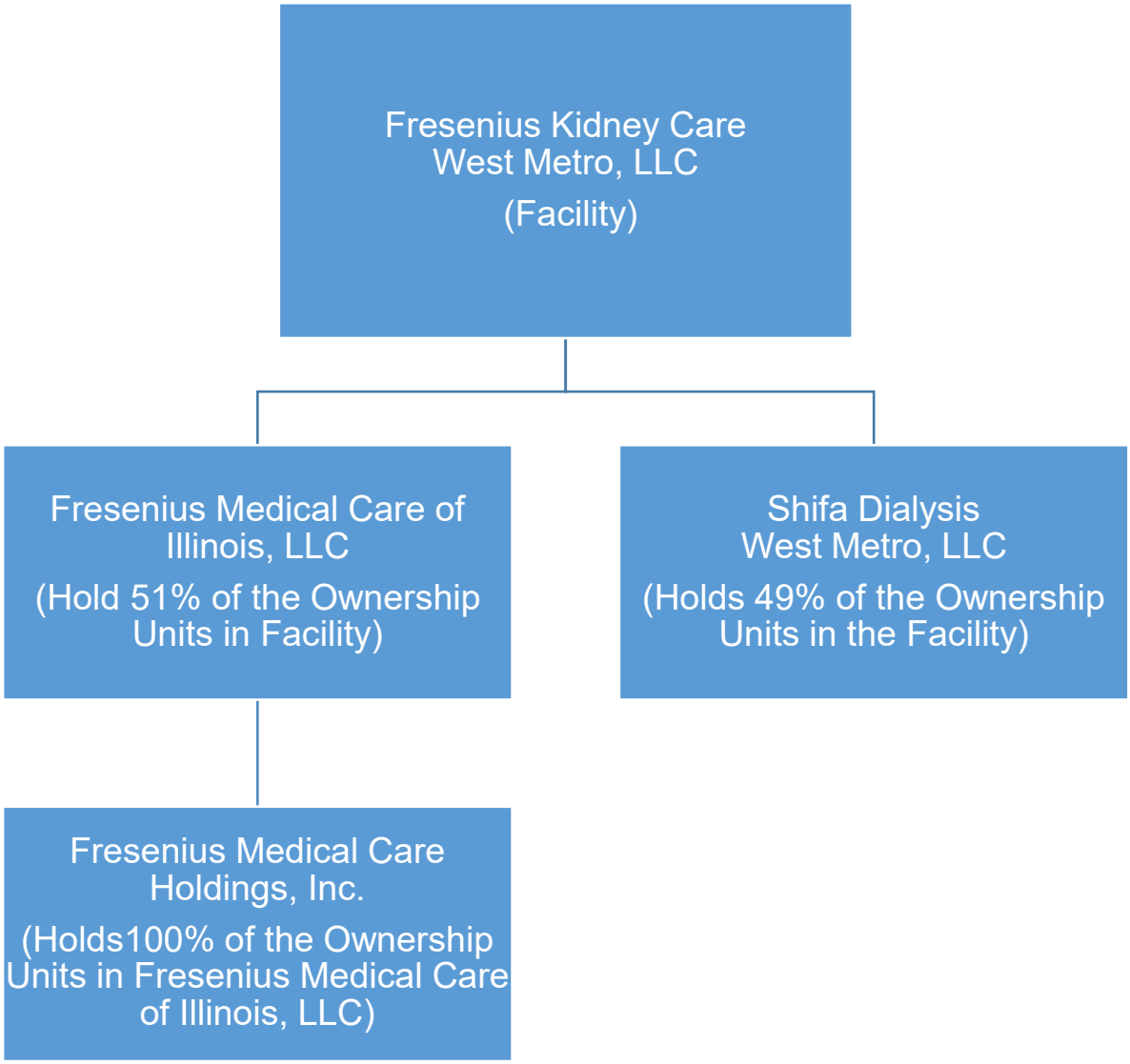
The entity to be certified after the change of ownership will remain Fresenius Kidney Care West Metro, although the name of the entity will be changed to Shifa Kidney Care West Metro. Additionally, there are no contemplated changes at this time to the services offered at the facility following the transaction.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(E) - List of Ownership
"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."

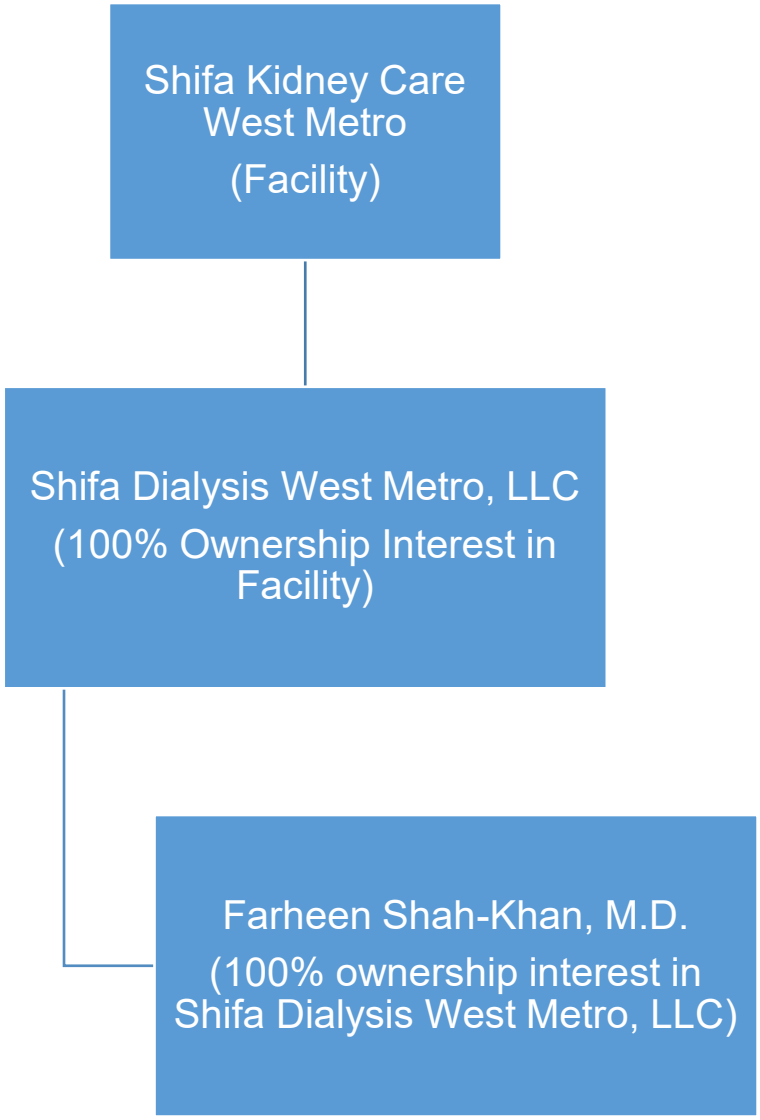
Organizational charts showing the current interest structure of the applicant facility and the post-change ownership interest are shown below.

Pre-Transaction Organizational Chart



ATTACHMENT 6
Change of Ownership

Post-Transaction Organizational Chart



ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(F) - Fair Market Value of the transaction
"*Fair market value of assets to be transferred."*

The purchase price for Shifa Dialysis West Metro, LLC's ownership interest in the facility shall be One Dollar ($1.00), subject to any mutually agreed adjustment for supplies, inventory, and prepaid lease obligations as of Closing. Based on Buyer's existing ownership interest, the parties anticipate that such adjustment, if any, will be de minimis. This amount reflects an arm's-length valuation and represents the fair market value of both the equipment and the ownership interest being transferred.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(G) - Purchase price
"The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]"

The purchase price for Shifa Dialysis West Metro, LLC's ownership interest in the facility shall be One Dollar ($1.00), subject to any mutually agreed adjustment for supplies, inventory, and prepaid lease obligations as of Closing. Based on Buyer's existing ownership interest, the parties anticipate that such adjustment, if any, will be de minimis. This amount reflects an arm's-length valuation and represents the fair market value of both the equipment and the ownership interest being transferred.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Outstanding Permits
"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"

In accordance with 77 Ill. Admin. Code 1130.520, all existing projects for which permits have been issued have been completed.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Hospital Charity Care
"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"

This change of ownership does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Anticipated Benefits to the Community
"A statement as to the anticipated benefits of the proposed change in ownership to the community."

The purpose of this project is to ensure the residents of the community and the patients historically served by Fresenius Kidney Care West Metro, LLC will continue to have access to the procedures they need. This transaction will result in a greater degree of physician owned control over the ESRD. This transaction allows for the continued utilization of an existing and active end-stage renal dialysis facility. Dr. Shah-Khan is a well a known provider in the community, and this transaction will allow stronger patient relationships and will result in improved experiences.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Anticipated Cost Savings for the Community and Facility
"The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership"

This transaction will ensure the continued operation of an existing and active end-stage renal disease (ESRD) facility, thereby maintaining uninterrupted access to dialysis services for patients in the surrounding communities. The facility currently serves a broad geographic area and provides essential access to life-sustaining ESRD care. Continuity of these services will help sustain high-quality, convenient dialysis care that improves patient outcomes and reduces mortality.

The change in ownership is expected to produce indirect cost savings for both the facility and the community through enhanced operational efficiency and stronger physician-led oversight. Physician ownership typically leads to improved care coordination, lower administrative overhead, and a more efficient allocation of resources, all of which contribute to long-term cost stability.

Dr. Shah-Khan is a well-known and respected provider in the community, and her involvement will promote greater patient engagement, improved care continuity, and enhanced satisfaction—factors that can reduce unnecessary hospitalizations and emergency interventions. These outcomes collectively contribute to lower systemwide costs while ensuring that patients continue to receive high-quality, accessible dialysis care close to home.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Quality Improvement Program
"A description of the facility's quality improvement program mechanism that will be utilized to assure quality control"

The facility's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Facility's Governing Body
"A description of the selection process that the acquiring entity will use to select the facility's governing body"

It is not anticipated that the bylaws of the organization will be substantially changed, however Farheen Shah-Khan, M.D. will serve as the facility's sole governing member.

From a patient, provider, and communal basis the operation of the facility will remain unchanged.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Review Criteria in 77 Ill. Admin. Code 1110.240
"A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility"

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b)(2) - Summary of Proposed Changes Within 24 Months
"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."

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a designed part of this undertaking and reflects an effort to ensure minimal disruption to the patients in the facility's area. There is no expectation, as a result of this transaction, of any disruptions with the dialysis offered at the facility nor is it anticipated that there will be any reductions to the services that are already approved within 24 months of the acquisition.

ATTACHMENT 7
Charity Care Information

The amount of charity care listed for the last three years provided by the applicant facility are included in the table below.

CHARITY CARE			
	2020	**2021**	**2022**
Net Patient Revenue	**$301,554**	**$701,351**	**$1,137,121**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

INDEX OF ATTACHMENTS