

UNGARETTI & HARRIS

Three First National Plaza
70 West Madison - Suite 3500
Chicago, Illinois 60602.4224
Telephone: 312.977.4400
Fax: 312.977.4405
www.uhllaw.com

UNGARETTI & HARRIS LLP
CHICAGO, ILLINOIS
SPRINGFIELD, ILLINOIS
WASHINGTON, D.C.

SHAWN MOON
312.977.4342
skmoon@uhllaw.com

RECEIVED

AUG 01 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS

July 29, 2011

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
Attn: Mike Constantino

Re: U.S. Renal Care Oak Brook Dialysis Certificate of Need Application Co-Applicant Supplemental Materials

Dear Mr. Constantino:

As requested, please find enclosed the following supplemental materials associated with the U.S. Renal Care Oak Brook Dialysis Certificate of Need Application, application number 11-024, to include U.S. Renal Care, Inc. as a co-applicant to the application:

- A completed "Applicant/Co-Applicant Identification" page;
- A copy of the U.S. Renal Care, Inc. Certificate of Good Standing; and
- An original signed and notarized application certification executed by U.S. Renal Care, Inc.

If you have any questions regarding the enclosed documents, please contact me.

Respectfully,



Shawn Moon

cc: George Roate (w/encl.)(via email)

Enclosures

Applicant /Co-Applicant Identification
[Provide for each co-applicant (refer to Part 1130.220)].

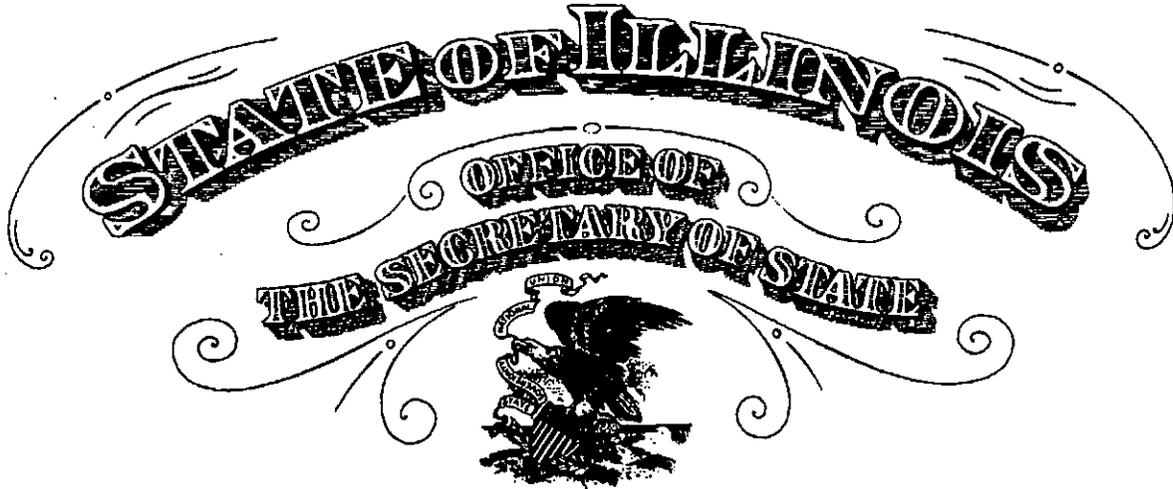
Exact Legal Name: U.S. Renal Care, Inc.
Address: 2400 Dallas Parkway #350 Plano TX 75093
Name of Registered Agent: C T Corporation System
Name of Chief Executive Officer: Stephen M. Piri
CEO Address: 2400 Dallas Parkway #350 Plano TX 75093
Telephone Number: 214.736.2700

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o 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.

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

U.S. RENAL CARE, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANACT BUSINESS IN THIS STATE ON MAY 17, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1120801004

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JULY A.D. 2011 .

Jesse White

SECRETARY OF STATE

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of U.S. Renal Care, 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 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.

Stephen M. Pirri
 SIGNATURE
 Stephen M. Pirri
 PRINTED NAME
 President
 PRINTED TITLE

Thomas L. Weinberg
 SIGNATURE
 Thomas L. Weinberg
 PRINTED NAME
 Senior Vice President & General Counsel
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 27 day of July 2014

Notarization:
 Subscribed and sworn to before me
 this 27 day of July 2014

Lisa Stewart
 Signature of Notary
 Seal
 *Insert EXACT legal name of the applicant



Lisa Stewart
 Signature of Notary
 Seal

