



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

November 27, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Andrew P. Tecson, Counsel
Chuhak & Tecson, P.C.
30 South Wacker Drive, Suite 2600
Chicago, IL 60606

RE: Permit 12-025 - Lutheran Home for the Aged, Inc., Arlington Heights

Dear Mr. Tecson:

This is to acknowledge receipt of your confirmation of debt financing as required by the Illinois Health Facilities and Services Review Board. You are in compliance with the conditions and stipulations of Permit #12-025.

The permit holder is reminded of the post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole responsibility of the permit holder.

Should you have any questions, please contact our office at (217) 782-3516 and ask to speak to Mike Constantino or George Roate about post permit requirements.

Sincerely,

A handwritten signature in cursive script that reads "Courtney R. Avery".

Courtney R. Avery
Administrator