



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

1525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

November 5, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Julie Bell, Administrator
Surgical Care Affiliates, LLC
1900 Hollister Drive, Suite 1000
Libertyville, IL 60048

RE: Project Completion
Health Facilities Planning Act
PROJECT: #12-041 - Hawthorn Surgery Center
PERMIT HOLDERS: Hawthorn Place Outpatient Surgery Center, L.P.; Surgical Care
Affiliates, LLC

Dear Ms. Bell:

We received your written notice of project completion and the supporting documentation that is required. The reports are in compliance with Sections 1130.140 and 1130.770 of the Board's rules (77 Ill. Admin Code 1130).

No further action by the permit holder is required for this project in relationship to the Illinois Health Facilities Planning Act unless this permit was issued by the Board with any stipulations or conditions that require continued reporting.

The permit holder is reminded that the rules under which the application was approved, and the permit issued, may include limitations and assurances as to the ongoing performance of this project. Failure to comply with any ongoing performance requirements could invalidate the permit and expose the permit holder to any fines, penalties, or other sanctions provided by the Board's Act and Rules.

Should you have any questions, please contact Mike Constantino or George Roate at (217) 782-3516.

Sincerely,

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

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Kathy Olson, Chairwoman