

Hills, Bonnie

From: Joseph Van Leer [JVanLeer@Polsinelli.com]
Sent: Wednesday, June 13, 2012 4:52 PM
To: Hills, Bonnie; Roate, George
Cc: Kara Friedman; Anne Cooper
Subject: RE: CON application for Timer Creek Dialysis
Attachments: Timber Creek Dialysis Certification Pages.pdf

RECEIVED

JUN 14 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Bonnie,

Here is a PDF copy of the certification pages. I apologize for that oversight. George said this will be fine for the time being while we obtain another set of originals from DaVita. Please let us know if you have any questions. Thanks!

Joe

From: Hills, Bonnie [<mailto:Bonnie.Hills@Illinois.gov>]
Sent: Wednesday, June 13, 2012 2:56 PM
To: Kara Friedman; Joseph Van Leer
Subject: CON application for Timer Creek Dialysis
Importance: High

Good afternoon,

We have received your application for permit. However, the signature page of the application has not been signed. In order for us to process this application we will need to have the signed certification page. Would you be able to have that to us by tomorrow??

Bonnie Hills
 Illinois Department of Public Health
 525 W Jefferson Street, Floor 2
 Springfield IL 62761
 217-558-1582
 217-785-4111 Fax

This electronic mail message contains CONFIDENTIAL information which is (a) ATTORNEY - CLIENT PRIVILEGED COMMUNICATION, WORK PRODUCT, PROPRIETARY IN NATURE, OR OTHERWISE PROTECTED BY LAW FROM DISCLOSURE, and (b) intended only for the use of the Addressee(s) named herein. If you are not an Addressee, or the person responsible for delivering this to an Addressee, you are hereby notified that reading, copying, or distributing this message is prohibited. If you have received this electronic mail message in error, please reply to the sender and take the steps necessary to delete the message completely from your computer system.

IRS CIRCULAR 230 DISCLOSURE: Unless expressly stated otherwise, any U.S. federal tax advice contained in this e-mail, including attachments, is not intended or written by Polsinelli Shughart PC (in California, Polsinelli Shughart LLP) to be used, and any such

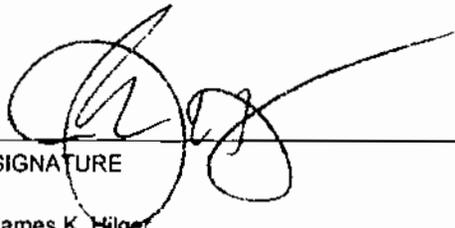
tax advice cannot be used, for the purpose of avoiding penalties that may be imposed by the Internal Revenue Service.

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 manager 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 DaVita 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.



SIGNATURE

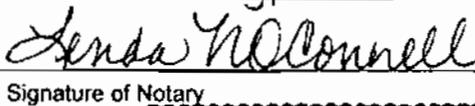
James K. Hilger

PRINTED NAME

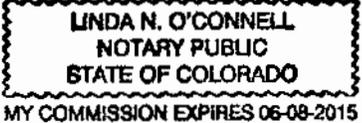
Chief Accounting Officer

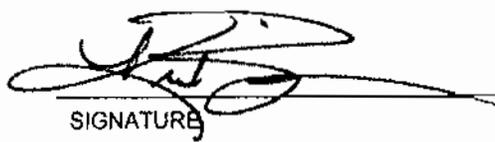
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of May, 2012



Signature of Notary

Seal 



SIGNATURE

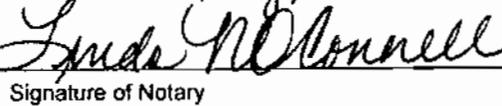
Kim M. Rivera

PRINTED NAME

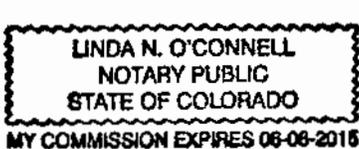
Chief Legal Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May, 2012



Signature of Notary

Seal 

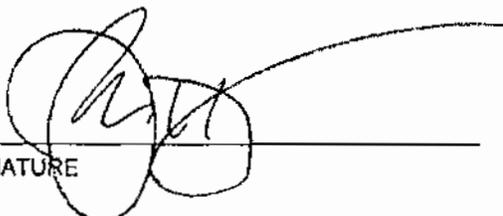
*Insert EXACT legal name of the applicant

CERTIFICATION

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

- 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 manager 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 Dialysis of Northern 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.

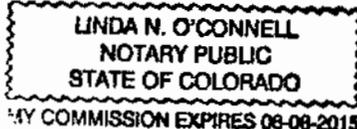

SIGNATURE

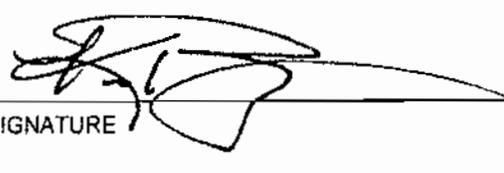
James K. Hilger
PRINTED NAME

Chief Accounting Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of May, 2012


Signature of Notary

Seal 

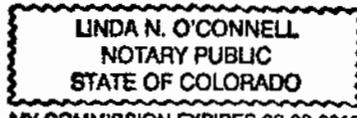

SIGNATURE

Kim M. Rivera
PRINTED NAME

Chief Legal Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May, 2012


Signature of Notary

Seal 

*Insert EXACT legal name of the applicant