

Polsinelli Shughart_{PC}

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12-053

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June 15, 2012

RECEIVED

JUN 18 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDEX

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

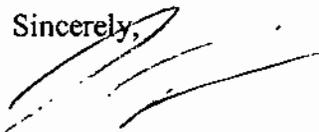
Re: Application for Permit – Timber Creek Dialysis

Dear Mike:

I am writing on behalf of DaVita Inc. and Dialysis of Northern Illinois, LLC (the "Applicants") to submit the enclosed certification pages for the Applicants' Certification of Need permit application submitted on June 12, 2012.

Thank you for your continued assistance and I sincerely apologize for any inconvenience. If you have any questions or need any additional information to complete your review of the Applicants' application for permit, please feel free to contact me.

Sincerely,



Joseph T. Van Leer

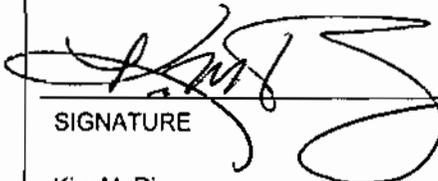
JTV:
Attachments

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

Kim M. Rivera

PRINTED NAME

Chief Legal Officer

PRINTED TITLE



SIGNATURE

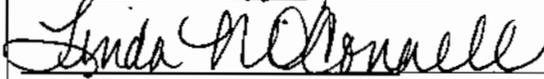
Martha Ha

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of June 2012



Signature of Notary

Seal

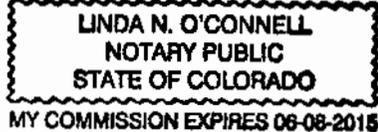


Notarization:
Subscribed and sworn to before me
this 13th day of June 2012



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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- 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);
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- 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

Kim M. Rivera

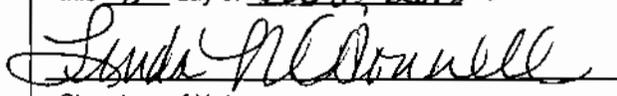
PRINTED NAME

Chief Legal Officer

PRINTED TITLE

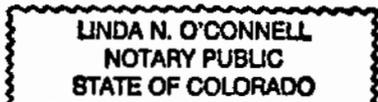
Notarization:

Subscribed and sworn to before me this 13th day of June, 2012



Signature of Notary

Seal



MY COMMISSION EXPIRES 06-08-2015



SIGNATURE

Martha Ha

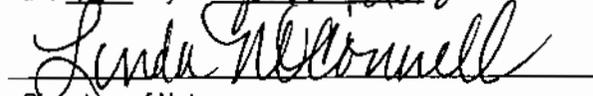
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Assistant Secretary

PRINTED TITLE

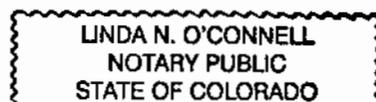
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Seal



MY COMMISSION EXPIRES 06-08-2015

*Insert EXACT legal name of the applicant