



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 28, 2016

Mitchell L. Johnson, Sr V.P. & Strategy
Memorial Health System
701 N. First Street
Springfield, IL 62781

RE: Notice Requirement for Submitting the Annual Progress Report for Project # 12-080

Dear Mitchell L. Johnson ,

Please accept this letter as notice that you are required to submit the Annual Progress Report for Project # 12-080- Memorial Medical Center, Springfield. Pursuant to the Illinois Health Facilities Planning Act (Act), this notice fulfills the Health Facilities and Services Review Board's (State Board) requirement for providing notice to permit holders of post-permit reporting requirements. Your Annual Progress Report is **due no later than January 10, 2016**.

The requirements for a compliant Annual Progress Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.760. Your report should adhere to these requirements.

Please be aware that the permit is valid only for the defined construction or modification, site, amount and the named permit holders as approved by the State Board on December 10, 2012. If the permit holder believes that a change to the project will occur, please refer to 77 Ill. Adm. Code 1130.750 for allowable alterations and the proper procedure for pursuing an alteration. Any change may constitute an alteration; all alterations shall be reported/approved by the HFSRB before any alteration is executed.

In accordance with the Act, the permit is valid until such time as the project has been completed, provided that all post-permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. If the permit holder believes that additional time is required to complete the project, please refer to 77 Ill. Adm. Code 1130.740 for the proper procedure for pursuing a permit renewal.

Failure to comply with post-permit requirements may result in fines as defined in the Act and State Board regulations.

If you have already submitted your Annual Progress Report to the Board, please disregard this notice. Should you have any questions regarding this notice, please contact Juan Morado at 312-814-2678.

Sincerely,

A handwritten signature in black ink that reads "Kathy Olson". The signature is written in a cursive style.

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board