



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

February 17, 2016

CERTIFIED LETTER
RETURN RECEIPT REQUESTED

Charles Sheets, Attorney
Polsinelli PC
161 North Clark Street, Suite 4200
Chicago, Illinois 60601

Re: Extension of Review Period for Project #16-002

Dear Mr. Sheets:

Project #16-002 has been extended by the State Board in order to address the following issues.

We need the following information:

1. We need a copy of the real estate option agreement.
2. We need the terms and condition of the lease.
3. We need the names of all of the members no matter their ownership interest in the following entities. .
 1. On Pointe Health Development, LLC.
 2. Lockwood Investments, LLC.
 3. Innovative Health, LLC.
 4. IHOP JV, LLC
 5. IH Fox Valley OpCo, LLC
 6. IH Fox Valley Owner, LLC

Once this information has been reviewed we will determine who will be co-applicants to this application. Once the co-applicants have been determined we will need the following:

- an additional page one of the application for permit,
 - signature page
 - a certificate of good standing
 - financial information for each co-applicant and the ratios.
4. Currently you have listed as applicants IH Fox Valley OpCo, LLC, and IH Fox Valley Owner, LLC we need the financial ratio and financial information for each individual entity.
 5. We need an explanation of the role Transitional Care Management will have in the proposed new entity. The explanation needs to include the type of entity Transitional Care Management is. If it is an LLC we need to know all of the members name and their ownership interest.
 6. The rules require that all facilities within forty five (45) minutes be identified. Your application only identifies facilities within thirty (30) minutes. We need all facilities within forty five (45) minutes of the proposed facility.

7. The applicants have no history with the State Board in securing HUD mortgage insurance we are going to need a letter from a bank or lending institution stating that *"if the application for permit is granted the mortgage loan will be made."*

This project has been tentatively scheduled for the May 2016 State Board Meeting.

If you should have any questions please contact Mike Constantino or George Roate at 217.782.3516 or Mike.Constantino@illinois.gov or George.Roate@illinois.gov

Sincerely,

A handwritten signature in black ink that reads "Mike Constantino". The signature is written in a cursive style with a large initial "M" and a long horizontal stroke at the end.

Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board