



18-026

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

August 17, 2018

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express

Mr. Michael Constantino
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RECEIVED

AUG 20 2018

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: University Rehabilitation Center

Dear Mr. Constantino:

Enclosed please find the original signed certification for University Rehab Real Estate, LLC. Please let me know if you have any questions or need anything further for your review.

Sincerely,

A handwritten signature in cursive script that reads "Anne M. Cooper".

Anne M. Cooper

Enclosure

polsinelli.com

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Nashville New York Phoenix
St. Louis San Francisco Silicon Valley Washington, D.C. Wilmington

Polsinelli LLP in California

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 manger 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 University Rehab Real Estate, 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

SIGNATURE

William Rothner

PRINTED NAME

PRINTED NAME

Manager

PRINTED TITLE

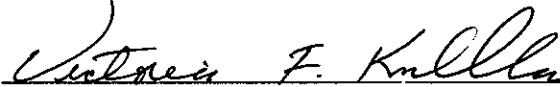
PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 13 day of August

Notarization:

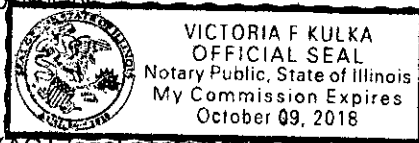
Subscribed and sworn to before me this _____ day of _____



Signature of Notary

Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

August 17, 2018

Via Overnight Delivery

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761
Attention: Mike Constantino

Re: *University Rehabilitation Center CON*

Dear Mr. Constantino:

Delivered with this letter are signature pages for University Rehabilitation Center CON.

Sincerely,

Christopher J. Rog

RECEIVED

AUG 20 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

CERTIFICATION

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- 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 University Rehabilitation Center of C-U, LLC, an Illinois limited liability company 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.

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SIGNATURE

William Rothner

PRINTED NAME

PRINTED NAME

Manager

PRINTED TITLE

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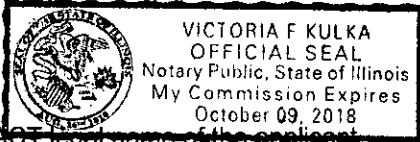
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Seal



Seal

*Insert EXACT legal name of the applicant

University Rehabilitation Center of C-U, LLC

August 15, 2018

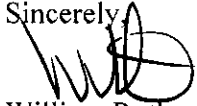
Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Vice Chair Sewell:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any nursing home owned or operated by University Rehabilitation Center of C-U, LLC, an Illinois limited liability company, in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

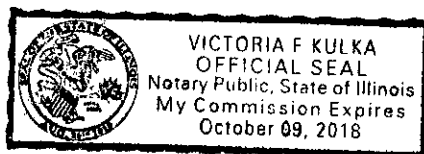


William Rothner
Manager

Subscribed and sworn to me
This 15th day of August, 2018



Notary Public



University Rehabilitation Center of C-U, LLC

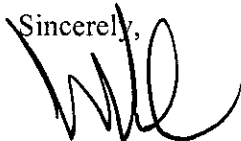
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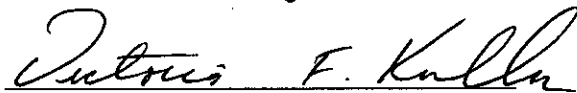
Re: Admission Policies

Dear Vice Chair Sewell:

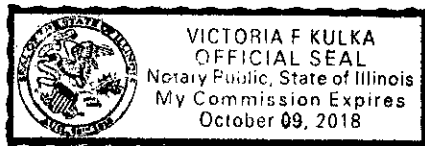
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that the admissions policy for University Rehabilitation Center will not become more restrictive as a result of the proposed change of ownership.

Sincerely,

William Rothner
Manager

Subscribed and sworn to me
This 15th day of August, 2018



Notary Public



University Rehab Real Estate, LLC

August 15, 2018

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Vice Chair
Illinois Health Facilities and Services Review Board
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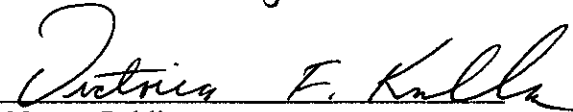
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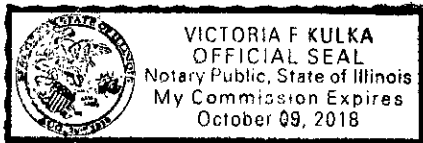


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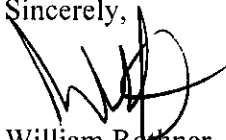
Re: Reasonableness of Financing Arrangements

Dear Vice Chair Sewell:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in part by borrowing because borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

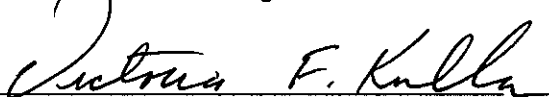
I further certify the pursuant to 77 Ill. Admin Code § 1120.140(b) that the selected form of debt financing for the project will be at the lowest net cost available

Sincerely,

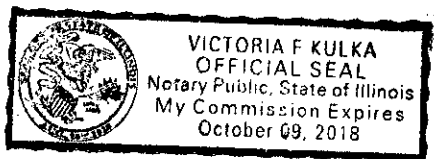


William Rothner
Manager, University Rehabilitation Center of C-U, LLC

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Notary Public



University Rehab Real Estate, LLC

August 15, 2018

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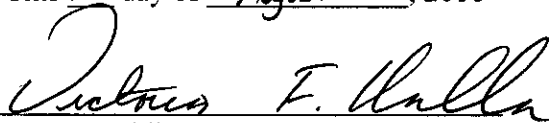
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