#E-040-18

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JUN 29 2018
HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center
Street Address: 101 Waukegan Road, Suite 980
City and Zip Code: Lake Bluff 60044-3013
County: Lake Health Service Area: 008 Health Planning Area: 097

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center
Street Address: 101 Waukegan Road, Suite 980
City and Zip Code: Lake Bluff 60044-3013
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703
Name of Chief Executive Officer: Phillip Clendenin
CEO Street Address: 1A Burton Hills Boulevard
CEO City and Zip Code: Nashville 37215
CEO Telephone Number: 615-240-3833

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- X Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago, IL 60606-2833
Telephone Number: 312-214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name: Mary Beth Fortugno
Title: Member

Company Name: Bass, Berry & Sims PLC
Address: 150 Third Ave. South, Suite 2800, Nashville, TN 37201
Telephone Number: 615-742-7739
E-mail Address:MFortugno@bassberry.com
Fax Number: 615-248-4076

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: AmSurg Holdings, Inc.
Street Address:1A Burton Hills Boulevard
City and Zip Code: Nashville 37215
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703
Name of Chief Executive Officer: Phillip Clendenin
CEO Street Address: 1A Burton Hills Boulevard
CEO City and Zip Code: Nashville 37215
CEO Telephone Number: 615-240-3833

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
X	For-profit Corporation	☐	Governmental		
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Address: 150 Third Ave. South, Suite 2800, Nashville, TN 37201
Telephone Number: 615-742-7739
E-mail Address:MFortugno@bassberry.com
Fax Number: 615-248-4076

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Envision Healthcare Corporation
Street Address: 1A Burton Hills Boulevard
City and Zip Code: Nashville 37215
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 251 Little Falls Drive
Registered Agent City and Zip Code: Wilmington 19808
Name of Chief Executive Officer: Christopher Holden
CEO Street Address: 1A Burton Hills Boulevard
CEO City and Zip Code: Nashville 37215
CEO Telephone Number: 615-665-3527

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
X	For-profit Corporation	☐	Governmental		
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E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

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Title: Member
Company Name: Bass, Berry & Sims PLC
Address: 150 Third Ave. South, Suite 2800, Nashville, TN 37201
Telephone Number: 615-742-7739
E-mail Address:MFortugno@bassberry.com
Fax Number: 615-248-4076

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Enterprise Parent Holdings Inc.
Street Address: 9 West 57th Street, Suite 4200
City and Zip Code: New York 10019
Name of Registered Agent: Maples Fiduciary Services (Delaware) Inc.
Registered Agent Street Address: 4001 Kennett Pike, Suite 302
Registered Agent City and Zip Code: Wilmington 19807
Name of Chief Executive Officer: Jim Momtazee
CEO Street Address: 2800 Sand Hill Road, Suite 200,
CEO City and Zip Code: Menlo Park 94025
CEO Telephone Number: 650-233-6586

Type of Ownership of Applicants

☐ Non-profit Corporation
X For-profit Corporation
☐ Limited Liability Company
☐ Partnership
☐ Governmental
☐ Sole Proprietorship
☐ Other

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Company Name: Bass, Berry & Sims PLC
Address: 150 Third Ave. South, Suite 2800, Nashville, TN 37201
Telephone Number: 615-742-7739
E-mail Address:MFortugno@bassberry.com
Fax Number: 615-248-4076

Post Exemption Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Justin Page
Title: Deputy General Counsel, Ambulatory Services
Company Name: AmSurg Holdings, Inc.
Address: 1A Burton Hills Boulevard, Nashville, Tennessee 37215
Telephone Number: 615-240-3875
E-mail Address: justin.page@amsurg.com
Fax Number: 615-234-1875

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: J. Emil Anderson & Son, Inc.
Address of Site Owner: 1400 East Touhy Ave., Des Plaines IL, 60018
Street Address or Legal Description of the Site: 101 Waukegan Road, Suite 980, Lake Bluff, IL 60044-3013 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease**
APPEND DOCUMENTATION AS <u>ATTACHMENT 2,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center
Address: 101 Waukegan Road, Suite 980, Lake Bluff, IL 60044-3013

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS <u>ATTACHMENT 4,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements NOT APPLICABLE

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (http:// www.illinois.gov/sites/hfsrb).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements NOT APPLICABLE

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

X Change of Ownership

☐ Discontinuation of an Existing Health Care Facility or of a category of service

☐ Establishment or expansion of a neonatal intensive care or beds

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This application is one of three applications seeking approval for the change of ownership of three ambulatory surgical treatment centers in Illinois: (i) the Oak Lawn IL Endoscopy ASC, LLC d/b/a Oak Lawn Endoscopy Center in Oak Lawn, Illinois, (ii) the Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center in Lake Bluff, Illinois, and (iii) the Glen Endoscopy Center, LLC in Glenview, Illinois (collectively, the "ASTCs").

On June 10, 2018, Envision Healthcare Corporation, a Delaware corporation ("Envision"), entered into an Agreement and Plan of Merger (the "Merger Agreement") with Enterprise Parent Holdings Inc., a Delaware corporation (the "Parent"), and Enterprise Merger Sub Inc., a Delaware corporation and an indirect wholly owned subsidiary of the Parent. The transaction (the "Proposed Transaction") is summarized in the SEC Form 8-K attached as Appendix A to the Oak Lawn Endoscopy application.

Envision is, and will continue to be after the completion of the Proposed Transaction, the one hundred percent (100%) owner of AmSurg Holdings, Inc., a Delaware corporation ("AmSurg"). AmSurg owns fifty-one percent (51%) of each of the ASTCs. The remaining forty-nine percent (49%) is owned by participating physicians, either individually or collectively as a separate limited liability company. AmSurg and the participating physicians will maintain the same ownership interest in the ASTCs after the Proposed Transaction.

NOTE: The Proposed Transaction will not change operational control of the ASTCs because board action for each ASTC requires a majority vote and the board of each facility consists of fifty percent (50%) representation from AmSurg and fifty percent (50%) representation by the participating physicians. Consequently, AmSurg cannot independently control board action apart from the participating physicians. These exemption applications are being submitted because AmSurg has a fifty-one percent (51%) ownership interest in each ASTC.

The applicants anticipate closing the Proposed Transaction in fourth quarter of 2018, approximately on October 8, 2018, or as soon as practicable pending required approvals.

Project Costs and Sources of Funds (Neonatal Intensive Care Services only)
NOT APPLICABLE (Project is not for Neonatal Intensive Care Services)

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☐ No
Purchase Price: $_____
Fair Market Value: $_____

NOT APPLICABLE (no land acquisition)

The project involves the establishment of a new facility or a new category of service
☐ Yes X No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____. **NOT APPLICABLE (no new facility or new category of service)**

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings: **NOT APPLICABLE** (change of ownership)

X None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): October 8, 2018

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **NOT APPLICABLE** (change of ownership)

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
X Cancer Registry
N/A APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center*
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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Phillip A. Clendenin	Wendel M Wainner
PRINTED NAME	PRINTED NAME
President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26th day of June	Notarization: Subscribed and sworn to before me this 26th day of June
Signature of Notary	Signature of Notary
Seal	Seal

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

*Insert the exact legal name of the applicant

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- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of AmSurg Holdings, 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Phillip A. Clendenin	Wendel M Wainner
PRINTED NAME	PRINTED NAME
President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26th day of June, 2018	Notarization: Subscribed and sworn to before me this 26th day of June, 2018
Signature of Notary	Signature of Notary
Seal	Seal

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

*Insert the EXACT, legal name of the applicant

CERTIFICATION

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Envision Healthcare Corporation *
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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Kevin D. Eastridge	Ross R. Ronan
PRINTED NAME	PRINTED NAME
Chief Financial Officer	Chief Compliance Officer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 27th day of June, 2018	Notarization: Subscribed and sworn to before me this 27th day of June, 2018
Signature of Notary	Signature of Notary
Seal	Seal

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

KAY C. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2020

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Enterprise Parent Holdings 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Max Lin	Neil Vaughan
PRINTED NAME	PRINTED NAME
Vice President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal See attached page	Seal

*Insert the EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 26th day of June, 20 18, by Neel Varshney and Max Lin,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ADRIANE HARPER
Notary Public - California
Los Angeles County
Commission # 2172915
My Comm. Expires Nov 20, 2020

(Seal) Signature

SECTION II. DISCONTINUATION
NOT APPLICABLE (not a discontinuation)

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives (Not applicable to Change of Ownership)

PURPOSE OF PROJECT **Not Applicable (change of ownership)**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to

achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.
APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES **Not Applicable (change of ownership)**

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. SERVICE SPECIFIC REVIEW CRITERIA (Neonatal Intensive Care Services Only)
NOT APPLICABLE (No Neonatal Intensive Care Services)

SECTION V. CHANGE OF OWNERSHIP (CHOW)

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(2) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(2) - A statement as to the anticipated benefits of	X

the proposed changes in ownership to the community	
1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(2) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(2)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

Application for Change of Ownership Among Related Persons

When *a change of ownership is among related persons, and there are no other changes being proposed at the health care facility that would otherwise require a permit or exemption under the Act, the applicant shall submit an application consisting of a standard notice in a form set forth by the Board briefly explaining the reasons for the proposed change of ownership.* [20 ILCS 3960/8.5(a)]

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

VI. 1120.120 - AVAILABILITY OF FUNDS (Neonatal Intensive Care Services only)

NOT APPLICABLE (No Neonatal Intensive Care Services)

SECTION VII. 1120.130 - FINANCIAL VIABILITY

NOT APPLICABLE (change of ownership)

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.140 - ECONOMIC FEASIBILITY
NOT APPLICABLE (change of ownership)

SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)
NOT APPLICABLE (change of ownership)

SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

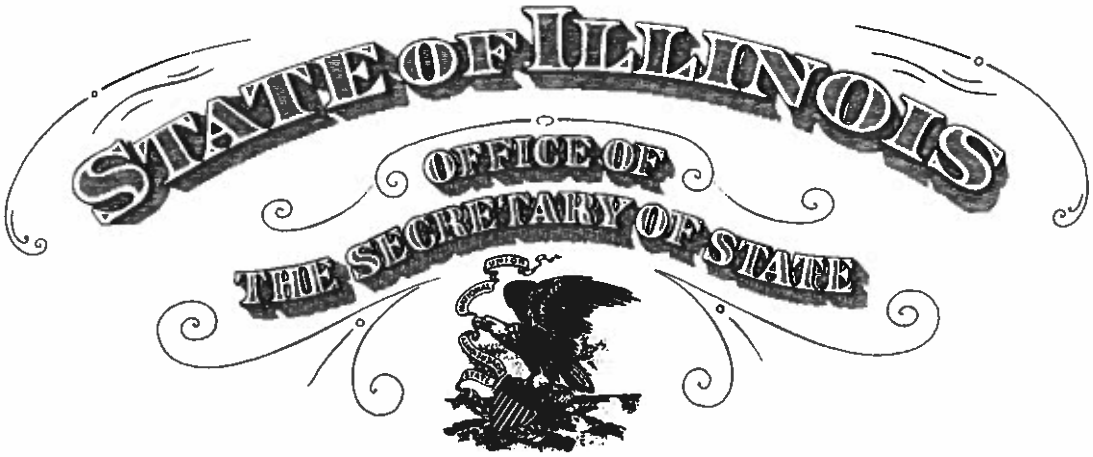
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	28-32
2	Site Ownership	33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34-37
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37-39
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	N/A
11	Background of the Applicant	40
12	Purpose of the Project	N/A
13	Alternatives to the Project	N/A
	Service Specific:	
14	Neonatal Intensive Care Services	N/A
15	Change of Ownership	41-44
	Financial and Economic Feasibility:	
16	Availability of Funds	N/A
17	Financial Waiver	N/A
18	Financial Viability	N/A
19	Economic Feasibility	N/A
20	Safety Net Impact Statement	N/A
21	Charity Care Information	45

ATTACHMENT 1 – APPLICANT IDENTIFICATION INCLUDING CERTIFICATE OF GOOD STANDING

Attached please find a Certificate of Good Standing for each of the following applicants:

1. The Lake Bluff IL Endoscopy ASC, LLC d/b/a North Shore Endoscopy Center;
2. AmSurg Holdings, Inc.;
3. Envision Healthcare Corporation; and
4. Enterprise Parent Holdings Inc.

File Number 0127098-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE LAKE BLUFF IL ENDOSCOPY ASC, LLC, A TENNESSEE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 17, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

Authentication #: 1817601368 verifiable until 06/25/2019
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JUNE *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

Attachment 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMSURG HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMSURG HOLDINGS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5567812 8300

SR# 20185372720

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202961388

Date: 06-26-18

Attachment 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENVISION HEALTHCARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENVISION HEALTHCARE CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6065421 8300

SR# 20185372719

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202961387

Date: 06-26-18

Attachment 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENTERPRISE PARENT HOLDINGS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENTERPRISE PARENT HOLDINGS INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6911024 8300

SR# 20185351093

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202953532

Date: 06-25-18

Attachment 1

ATTACHMENT 2 – SITE OWNERSHIP

There will be no change in site ownership as a result of the proposed change in ownership.

ATTACHMENT 3 – PERSONS WITH FIVE PERCENT (5%) OR GREATER INTEREST IN THE LICENSEE MUST BE IDENTIFIED WITH THE OWNERSHIP INTEREST

The Lake Bluff IL Endoscopy ASC, LLC d/b/a North Shore Endoscopy Center ("North Shore Endoscopy") will continue to be the licensed entity. A Certificate of Good Standing and current license for North Shore Endoscopy are attached.

AmSurg Holdings, Inc. has a fifty-one percent (51%) interest in North Shore Endoscopy. The remaining forty-nine percent (49%) is owned by North Shore Endoscopy Venture, LLC, which is an Illinois limited liability corporation. The following persons own five percent (5%) or more of North Shore Endoscopy through their interest in North Shore Endoscopy Venture, LLC:

Person	Ownership Percentage
Cynthia Wait, M.D.	9.17%
Everett Kirch, M.D.	9.16%
Fred Rosenberg, M.D.	8.3%
Kevin Leibovich, M.D.	8.34%
Walter Glaws, M.D.	5.25%

File Number 0127098-2

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE LAKE BLUFF IL ENDOSCOPY ASC, LLC, A TENNESSEE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 17, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JUNE *A.D.* 2018 .

Authentication #: 1817601368 verifiable until 06/25/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 3

Illinois Department of PUBLIC HEALTH HF114352

LICENSE PERMIT CERTIFICATION REGISTRATION

Nirav D. Shah, M.D., J.D.
Director

11/9/2018 7002926

Ambulatory Surgery Treatment Center

Effective: 11/10/2017

The Lake Bluff IL Endoscopy ASC, LLC
dba Northshore Endoscopy Center
101 South Waukegan Road
Suite 980
Lake Bluff, IL 60044

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 11/9/2018

Lic Number 7002926

Date Printed 10/16/2017

The Lake Bluff IL Endoscopy ASC, LL
dba Northshore Endoscopy Center
101 South Waukegan Road
Suite 980
Lake Bluff, IL 60044

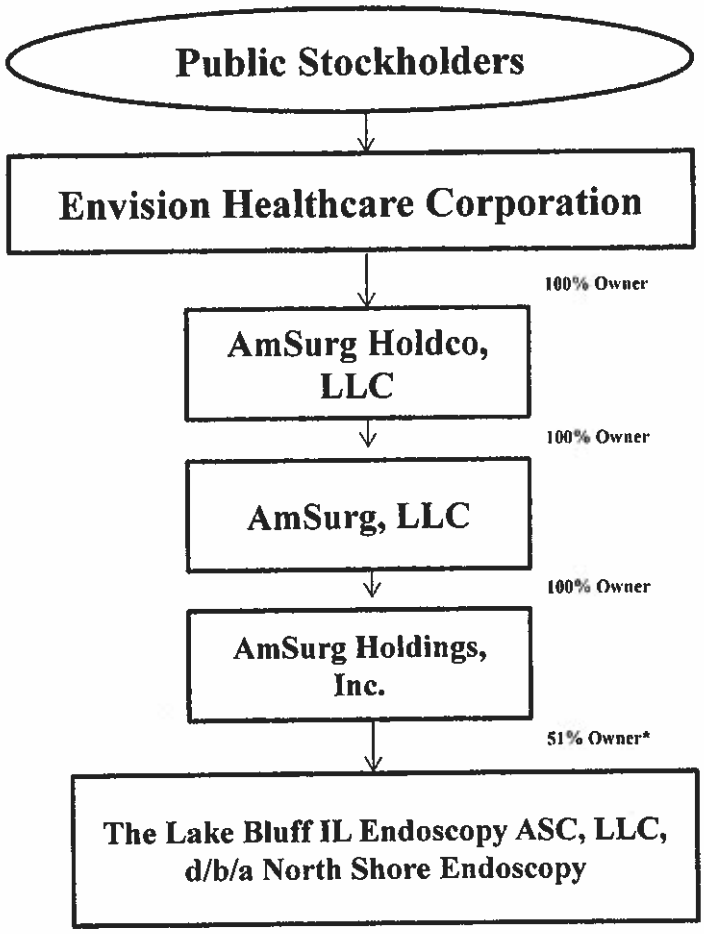
FEE RECEIPT NO.

Attachment 3

ATTACHMENT 4 – ORGANIZATIONAL CHARTS

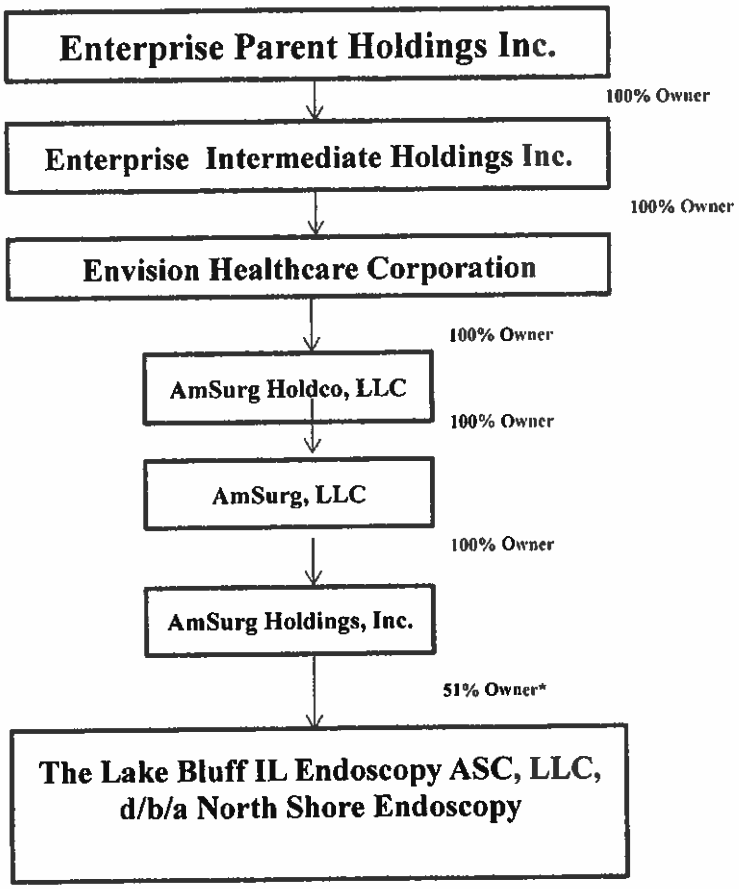
Organizational charts showing the current interest structure of The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center ("North Shore Endoscopy") and the post-change of ownership interest structure of North Shore Endoscopy are attached.

Organizational Chart Pre-Change of Ownership



*The remaining 49% of North Shore Endoscopy is owned by North Shore Endoscopy Venture, LLC.

Organizational Chart Post-Closing



*The remaining 49% of North Shore Endoscopy will still be owned by North Shore Endoscopy Venture, LLC.

Attachment 4

ATTACHMENT 11 – BACKGROUND OF THE APPLICANT

1. **A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

A list of all the Illinois health care facilities owned or operated by the applicants, including licensing, is included below. Enterprise Parent Holdings Inc. currently owns no health care facilities (as that term is defined in the Health Facilities Planning Act) in Illinois.

Envision Healthcare Corporation and its indirect subsidiary AmSurg Holdings, Inc. have an ownership interest of fifty-one percent (51%) in the following licensed entities.

FACILITY	LOCATION	LICENSE NO.
Oak Lawn IL Endoscopy ASC, LLC d/b/a Oak Lawn Endoscopy	Oak Lawn	7003179
Glen Endoscopy Center LLC d/b/a Glen Endoscopy Center	Glenview	7003174
The Lake Bluff IL Endoscopy ASC LLC d/b/a North Shore Endoscopy Center	Lake Bluff	7002926

2. **A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.**

By their signatures on the Certification pages to this application, each of the applicants attest that no adverse action has been taken against any facility owned and/or operated by them during the three (3) years prior to the filing of this application.

3. **Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB**

By their signatures to the Certification pages to this application, each of the applicants authorize HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

4. **If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.**

All of the above-listed facilities are included in the series of applications that the applicants are currently submitting to the Illinois Health Facilities and Services Review Board. To reduce paperwork, the Merger Agreement and the Securities Exchange Commission Form 10-K for Envision Healthcare Corporation are included only in the application for Oak Lawn Endoscopy.

ATTACHMENT 15 – CHANGE OF OWNERSHIP

1. Section 1130.520(b)(I)(A) Names of the parties

The parties named as applicants are:

a. The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center, the entity that currently holds and will continue to hold the license;
b. AmSurg Holdings, Inc., which meets the definition of "control" found in Section 1130.40 through its majority ownership of the licensed entity;
c. Envision Healthcare Corporation, which has final "control" (as defined by Section 1130.40) of the licensed entity prior to the change of ownership; and
d. Enterprise Parent Holdings Inc., which has final "control" (as defined by Section 1130.40) of the licensed entity following the change of ownership.

Organizational charts showing the current interest structure of The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center ("Lake Bluff Endoscopy") and the post-change of ownership interest structure of Lake Bluff Endoscopy are included in ATTACHMENT 4.

2. Section 1130.520(b)(1)(B) Background of the parties

Each of the applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

By their signatures on the Certification pages to this application, each of the applicants attest that no adverse action has been taken against any facility owned and/or operated by each of them during the three (3) years prior to the filing of this application.

The Certificates of Good Standing for the applicants are attached to ATTACHMENT 1.

3. Section 1130.520(b)(I)(C) Structure of transaction

On June 10, 2018, Envision Healthcare Corporation, a Delaware corporation ("Envision"), entered into an Agreement and Plan of Merger (the "Merger Agreement") with Enterprise Parent Holdings Inc., a Delaware corporation (the "Parent"), and Enterprise Merger Sub Inc., a Delaware corporation and an indirect wholly owned subsidiary of the Parent (the "Merger Sub").The transaction ("Proposed Transaction") is summarized in the SEC Form 8-K attached as Appendix A to the Oak Lawn Endoscopy application. A copy of the executed Merger Agreement is attached as Appendix B to the Oak Lawn Endoscopy application.

Envision is, and will continue to be after the completion of the Proposed Transaction, the one hundred percent (100%) owner of AmSurg Holdings, Inc., a Delaware corporation ("AmSurg"). AmSurg owns fifty-one percent (51%) of three ambulatory surgical treatment centers in Illinois: (i) the Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center in Lake Bluff, Illinois, (ii) the Oak Lawn IL Endoscopy ASC, LLC d/b/a Oak Lawn Endoscopy Center in Oak Lawn, Illinois, and (iii) the Glen Endoscopy Center, LLC in Glenview, Illinois (collectively, the "ASTCs"). The remaining forty-nine percent (49%) of the ASTCs is owned by participating physicians, either individually or collectively as a separate limited liability company. AmSurg and the participating physicians will maintain the same ownership interest in the ASTCs after the Proposed Transaction.

The Proposed Transaction will not change operational control of the ASTCs because board action for each ASTC requires a majority vote and the board of each facility consists of fifty percent (50%) representation from AmSurg and fifty percent (50%) representation by the participating physicians. Consequently, AmSurg cannot independently control board action apart from the participating physicians. These exemption applications are being submitted because AmSurg has a fifty-one percent (51%) interest in each ASTC.

The Merger Agreement provides, among other things and subject to the terms and conditions set forth therein and the approval of the Review Board, that the Merger Sub will be merged with and into Envision, with Envision continuing as the surviving corporation and as an indirect wholly owned subsidiary of the Parent. Each share of common stock, par value $0.01 per share, of Envision (the "Common Stock") outstanding immediately prior to the effective time of the Proposed Transaction (the "Effective Time") (other than shares of Common Stock owned by Envision in treasury, Parent, Merger Sub, any wholly owned subsidiary of Parent or Merger Sub or any subsidiary of Envision, and shares of Common Stock owned by stockholders of Envision who have not voted in favor of the adoption of the Merger Agreement and have properly exercised appraisal rights in accordance with Section 262 of the General Corporation Law of the State of Delaware) will at the Effective Time automatically be cancelled and converted into the right to receive $46.00 in cash, without interest, subject to applicable withholding taxes.

The Proposed Transaction will not result in changes to any of the federal tax identification numbers of any of the applicants. Moreover, there will be no change in the locations of the ASTCs, nor to the assets, personnel, policies and procedures, operations, or services provided by the ASTCs.

The applicants anticipate closing the Proposed Transaction in fourth quarter of 2018, approximately on October 8, 2018, or as soon as practicable pending required approvals.

4. **Section 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction**

There will be no change in the licensed entity as a consequence of the Proposed Transaction. The licensee will remain The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center.

5. **Section 1130.520(b)(1)(E) List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons**

Organizational charts showing the current interest structure of The Lake Bluff IL Endoscopy ASC, LLC, d/b/a North Shore Endoscopy Center ("Lake Bluff Endoscopy") and the post-change of ownership interest structure of Lake Bluff Endoscopy are included in ATTACHMENT 4.

6. **Section 1130.520(b)(1)(F) Fair market value of assets to be transferred**

The estimated value of the Proposed Transaction is approximately $9.9 billion. The fair market value of each of the Illinois ASTCs based on: (i) a 10.9x multiple, which is the multiple of historical earnings before interest, tax, depreciation, and amortization ("EBITDA") in the Proposed Transaction; and (ii) the EBITDA of the ASTCs for the last twelve months ending on March 31, 2018:

Oak Lawn Endoscopy: $41,802,873
North Shore Endoscopy; $15,618,261
Glen Endoscopy: $30,722,402

7. **Section 1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets**

Each share of common stock, par value $0.01 per share, of Envision (the "Common Stock") outstanding immediately prior to the effective time of the Proposed Transaction (the "Effective Time") (other than shares of Common Stock owned by Envision in treasury, Parent, Merger Sub, any wholly owned subsidiary of Parent or Merger Sub or any subsidiary of Envision, and shares of Common Stock owned by stockholders of Envision who have not voted in favor of the adoption of the Merger Agreement and have properly exercised appraisal rights in accordance with Section 262 of the General Corporation Law of the State of Delaware) will at the Effective Time automatically be cancelled and converted into the right to receive $46.00 in cash, without interest, subject to applicable withholding taxes. The estimated value of the Proposed Transaction is approximately $9.9 billion.

As set forth in the SEC Form 8-K included as Appendix A to the Oak Lawn Endoscopy application, the financing for the proposed transaction by Enterprise Parent Holdings, Inc. (Parent) is as follows:

> "*Parent Financing*
>
> Parent has obtained equity and debt financing commitments for the purpose of financing the transactions contemplated by the Merger Agreement and paying related fees and expenses. KKR Americas Fund XII L.P. has committed to capitalize Parent, immediately prior to the Effective Time, with an aggregate equity contribution of up to $3.5 billion subject to the terms and conditions set forth in an equity commitment letter.
>
> Credit Suisse, Citigroup, Morgan Stanley, Barclays, Goldman Sachs, Jefferies, UBS Investment Bank, RBC, HSBC, Mizuho and KKR Capital Markets (together with certain of their affiliates, the "Lenders") have agreed to provide Parent with debt financing in an aggregate principal amount of up to $8.05 billion on the terms set forth in a debt commitment letter. The obligations of the Lenders to provide debt financing under the debt commitment letter are subject to customary conditions."

The most recent Form 10-K of Envision Healthcare Corporation is included as Appendix C to the Oak Lawn Endoscopy application.

8. **Section 1130.520(b)(2) Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section**

In accordance with 77 Ill. Adm. Code §1130.520, each of the applicants, by their signatures to the Certification pages of this application affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Adm. Code §1130.520.

9. **Section 1130.520(b)(2) A statement as to the anticipated benefits of the proposed changes in ownership to the community**

There is no change in operation anticipated as a consequence of the Proposed Transaction.

10. **Section 1130.520(b)(2) The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership**

There is no change in operation anticipated as a consequence of the Proposed Transaction.

11. **Section 1130.520(b)(2) A description of the facility's quality improvement program mechanism that will be utilized to assure quality control**

There is no change in operation anticipated as a consequence of the Proposed Transaction.

12. **Section 1130.520(b)(2) A description of the selection process that the acquiring entity will use to select the facility's governing body**

There is no change in operation anticipated as a consequence of the Proposed Transaction.

13. **Section 1130.520(b)(2) A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility**

The applicants have or will prepare a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 that will be available for public review at the facility.

14. Section 1130.520(b)(2) A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition

There are no proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within twenty-four (24) months as a result of the Proposed Transaction.

ATTACHMENT 21 – CHARITY CARE INFORMATION

The applicants will not implement any less restrictive charity care policy for the facility for the immediate period following the closing of the Proposed Transaction.

Information regarding the applicants' facilities' charity care is as follows:

Oak Lawn Endoscopy Center

CHARITY CARE			
	2016	**2015**	**2014**
Net Patient Revenue	4,282,793	4,168,330	3,588,471
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

Glen Endoscopy Center

CHARITY CARE			
	2016	**2015**	**2014**
Net Patient Revenue	4,370,261	3,750,590	3,936,855
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

North Shore Endoscopy Center

CHARITY CARE			
	2016	**2015**	**2014**
Net Patient Revenue	2,956,204	2,880,208	2,918,034
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0