

E-061-16

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February 9, 2017

RECEIVED

FEB 14 2017

VIA CERTIFIED MAIL

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Kathy Olson, Board Chair
Illinois Health Facilities and
Services Review Planning Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

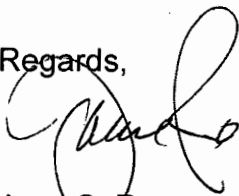
Re: RSC Illinois, LLC d/b/a Regional SurgiCenter, Post-Closing Certification
Statement

Dear Ms. Olson:

Enclosed please find the Certified Statement regarding for the Certificate of Exemption ("COE") Application for RSC Illinois, LLC d/b/a Regional SurgiCenter, approved on December 7, 2016, certifying that the transaction closed effective January 1, 2017, pursuant to the key terms as described in the COE Application.

If you have any questions or require additional information, please feel free to contact me.

Regards,



Jane S. Ro
JSR:all

Enclosures

CERTIFICATION

This certification ("Certification") is delivered in connection with that certain Certificate of Exemption Application (the "Application") filed by Covenant Surgical Partners, Inc. ("Applicant") and approved by the Review Board (as defined herein) on December 7, 2016, pursuant to which Applicant acquired a sixty-five percent (65%) ownership interest in RSC Illinois, LLC d/b/a Regional SurgiCenter (the "Transaction") pursuant to that certain Contribution and Exchange Agreement (the "Agreement"), effective as of January 1, 2017.

Pursuant to the requirements for obtaining an exemption from certificate of need approval from the Illinois Health Facilities and Service Review Board ("Review Board"), as set forth in 77 Ill. Adm. Code § 1110.240, the undersigned, being an authorized representative of the Applicant, hereby affirms, verifies, and certifies the Transaction was completed in accordance with the key terms of the transaction as set forth in 77 Ill. Adm. Code § 1130.520(b)(1) and as reported on the Application. A copy of the final transaction document is attached hereto as Exhibit A.

This Certification may be executed in counterparts, each of which shall be deemed an original but all of which shall constitute one and the same Certification.

[Signature page to follow.]

COVENANT SURGICAL PARTNERS, INC.

Signature

Whit Polley

Name

EVP : CDO

Title

THE STATE OF Tennessee
COUNTY OF Davidson

On this 26 day of January, 2017, before me, the undersigned officer, personally appeared Whit Polley, known personally to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereto set my hand and official seal.

Emily C Raiford

Notary Public/Commissioner of Oaths

(SEAL)

My Commission Expires: November 3, 2020



RSC Illinois, LLC d/b/a Regional SurgiCenter

Signature

[Handwritten Signature]

Name

Whit Polley

Title

President

THE STATE OF Tennessee
COUNTY OF Davidson

On this 26 day of January, 2017, before me, the undersigned officer, personally appeared Whit Polley, known personally to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereto set my hand and official seal.

[Handwritten Signature]
Notary Public/Commissioner of Oaths

(SEAL)

My Commission Expires: November 3, 2020



ALLIED SURGICAL PARTNERS, INC.

[Signature]
Signature

Siva Elangovan
Name

Secretary / Treasurer
Title

THE STATE OF Illinois
COUNTY OF Rock Island

On this 26 day of January, 2017, before me, the undersigned officer, personally appeared Siva Elangovan, known personally to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereto set my hand and official seal.

Abbey L. Greenlief
Notary Public/Commissioner of Oaths

(SEAL)
My Commission Expires: 3-15-17

