

Project Name _____
 Street Address _____ City _____
 County _____ Zip _____ Illinois State Representative District _____

E. Primary Contact Person (person who is to receive correspondence or inquiries)

Name Lori Wright Title Senior CON Specialist
 Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
 Telephone No. (708) 498-9121

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Coleen Muldoon Title Regional Vice President
 Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
 Telephone No. (708) 498-9118

F. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Clare Ranalli Title Attorney – McDermott, Will & Emery
 Address 227 W. Monroe Street, Suite 4700, Chicago, IL 60606
 Telephone No. (312) 984-3365

G. Flood Plain Requirements

Does the proposed project or transaction involve construction of a new building or an addition to an existing building? Yes No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).

APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.

H. Historic Resources Preservation Act Requirements

Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings? Yes No If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).

APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.

I. Project Status and Completion Schedules

1. Anticipated transaction or project obligation date (refer to Part 1130.140)

October 31, 2014

NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)

October 31, 2014

3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
- Obligation or completion is contingent upon approval of the exemption application;
- Obligation or completion will occur after approval of the exemption application.

J. Project Cost and Sources of Funds

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

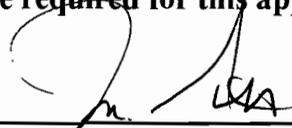
USE AND SOURCE OF FUNDS	
Use of Funds	
Preplanning Costs	N/A
Site Survey and Soil Investigation	N/A
Site Preparation	N/A
Off Site Work	N/A
New Construction Contracts	N/A
Modernization Contracts	5,000
Contingencies	N/A
Architectural/Engineering Fees	N/A
Consulting and Other Fees	N/A
Movable or Other Equipment (not in construction contracts)	104,000
Bond Issuance Expense (project related)	N/A
Net Interest Expense During Construction (project related)	N/A
Other Costs To Be Capitalized	N/A
Acquisition of Building or Other Property (excluding land)	N/A
ESTIMATED TOTAL USE OF FUNDS	109,000
Source of Funds	
Cash and Securities	51,300
Pledges	N/A
Gifts and Bequests	N/A
Bond Issues (project related)	N/A
Mortgages	N/A
Leases (dialysis machines)	57,700
Government Appropriations	N/A
Grants	N/A
Other Funds and Sources	N/A
ESTIMATED TOTAL SOURCE OF FUNDS	109,000

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on behalf of Dialysis Centers of America - Illinois, 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 for exemption 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 exemption application fee required for this application is sent herewith or will be paid upon request.



Signature

Printed Name Mark Fawcett
Vice President & Treasurer
Printed Title _____



Signature

Printed Name Bryan Mello
Printed Title Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____ 2012

Notarization:
Subscribed and sworn to before me
this 30 day of Nov 2012

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



*Insert EXACT legal name of the applicant

K. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

This Application for Exemption is filed on behalf of Fresenius Medical Care 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 for exemption 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 exemption application fee required for this application is sent herewith or will be paid upon request.

[Handwritten Signature]

Signature

Printed Name Mark Fawcett
Vice President & Asst. Treasurer
Printed Title _____

Notarization:

Subscribed and sworn to before me
this _____ day of _____ 2012

Signature of Notary

Seal

[Handwritten Signature]

Signature

Printed Name Bryan Mello
Assistant Treasurer
Printed Title _____

Notarization:

Subscribed and sworn to before me
this 30 day of Nov 2012

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SECTION VI. PROJECTS FOR THE ADDITION OF DIALYSIS STATIONS (ADS)**A. PROJECT INFORMATION** (provide the following:)

1. What is the number of additional dialysis stations requested in this application? 4.
2. What is the facility's current number of certified dialysis stations? 24.
3. What is the facility's planning area for dialysis services? 7
4. What is the number of additional dialysis stations identified in the inventory as needed for the facility's planning area? 47.
5. What is the date of the inventory update you used to obtain the information in #4 above? 03/18/13
6. What is the total number of treatments provided by this facility for the most recent 12 months that utilization data is available? 18,604. Specify the 12 month period (year) 03/01/12 to 02/28/13
7. Based upon the facility's number of treatments provided in #5 above, what is the facility's utilization rate for the 12 month period for which data was provided? 82.82 %.
8. Does the utilization rate listed in #6 above meet the rate of 80% specified in 77 Ill. Adm. Code 1100.630?
 Yes No

B. LEGAL NOTICE REQUIREMENTS

Provide proof of publication of the legal notice regarding the project as required by Part 1130.544.

APPEND DOCUMENTATION AS ATTACHMENT ADS-1 AFTER THE LAST PAGE OF THIS SECTION.

C. CERTIFICATIONS

Provide a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed.

APPEND DOCUMENTATION AS ATTACHMENT ADS-2 AFTER THE LAST PAGE OF THIS SECTION.

D. APPLICATION PROCESSING FEE

The exemption application processing fee is the greater of \$1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order payable to the **Illinois Department of Public Health** must accompany the application.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DIALYSIS CENTERS OF AMERICA-ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



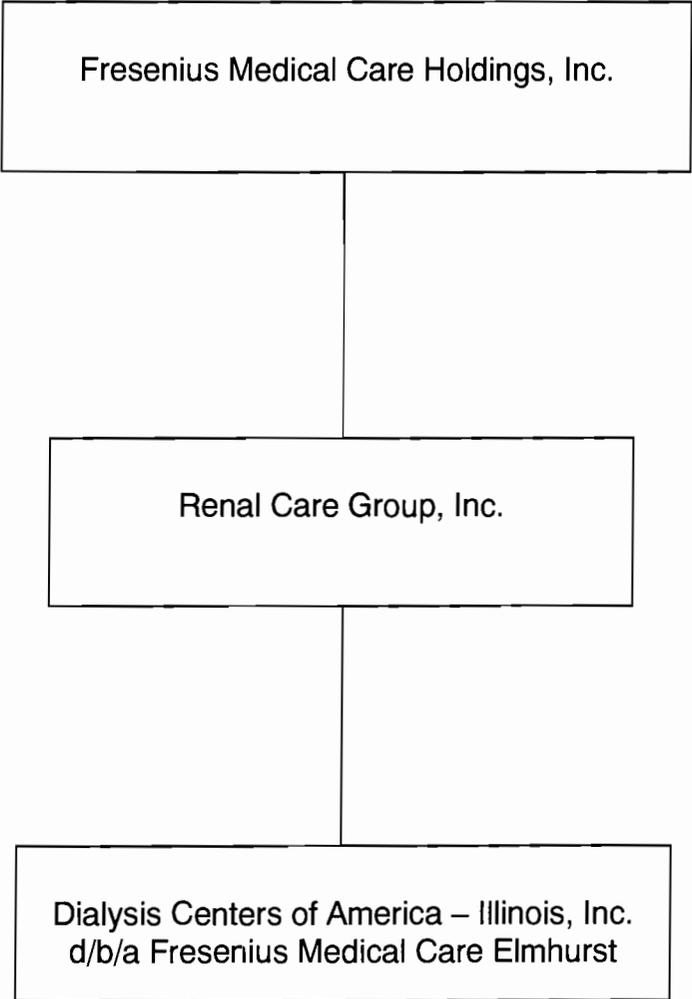
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MARCH A.D. 2013 .

Jesse White

Authentication #: 1307703094

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE



Compliance Requirements

To the best of my knowledge, all post permit filings on the following outstanding permits belonging to Fresenius Medical Care Holdings, Inc. are up to date and within State Board compliance.

# 10-033	# 12-029
# 10-063	# 12-043
# 10-064	# 12-046
# 10-067	# 12-056
# 11-038	# 12-067
# 11-054	# 12-069
# 11-059	# 12-072
# 11-091	# 12-091
# 11-096	# 11-070 - 11-090
# 12-012	

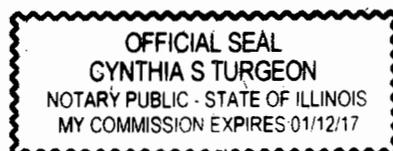
Lori Wright
Signature

Lori Wright/Senior CON Specialist
Name/Title

Subscribed and sworn to before me
this 20th day of MARCH, 2013

Cynthia S. Turgeon
Signature of Notary

Seal



AFFIDAVIT

Customer 102281
Reference 4489 Application

FRESENIUS MED CARE - NORTH DIV - MIDWEST GRP
TOWER ONE SUITE
ONE WESTBROOK CORP CNTR
WESTCHESTER, IL 60154

Linda M. Siebolds, agent of J. Tom Shaw, Publisher of the **Elmhurst Press** hereby certifies that s/he is Legal Advertising Manager of **Elmhurst Press**, that said **Elmhurst Press** is a secular newspaper and has been published weekly in the City of Elmhurst, in the county of DuPage in the state of Illinois, continuously for more than 50 weeks prior to, on and since the date of the first publication of the notice hereinafter referred to and is of general circulation throughout the county and the state.

That said agent hereby certifies that **Elmhurst Press** is a newspaper as defined in Chapter 715 et seq. of the Illinois Revised Statutes.

That a notice, of which the annexed printed slip is a true copy, was published 1 (one) time in said **Elmhurst Press** namely, once each week for one successive week(s). The first publication of said notice as aforesaid was made in said newspaper dated and published on the 14th day of December A.D. 2012 and the last publication thereof was made in said newspaper dated and published on 14th day of December A.D. 2012.

IN WITNESS WHEREOF, the undersigned has caused this certification to be signed this 14th day of December A.D. 2012.



Linda M. Siebolds
Legal Advertising Manager
Authorized Agent

LEGAL NOTICE / PUBLIC NOTICE

This notice is being given in accordance with the Illinois Health Facilities & Services Review Board, Application for Exemption, section VI, Subpart B.

Dialysis Centers of America - Illinois, Inc. d/b/a Fresenius Medical Care Elmhurst, located at 133 E. Brush Hill Road, Suite 410, Elmhurst, IL 60126, is applying for an exemption to add four dialysis stations at an estimated total cost of \$109,000.

Lori Wright
Senior CON Specialist
Fresenius Medical Care
1 Westbrook Corporate Center
Westchester, IL 60154

708-498-9121

December 14, 2012
Suburban Life Media 4489 ELM



Fresenius Medical Care

November 27, 2012

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities and Services Review Board Application for Exemption, the applicant entity, which is Dialysis Centers of America - Illinois, Inc., d/b/a Fresenius Medical Care Elmhurst, attests to the fact that:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed

By: 

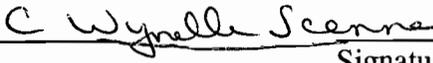
ITS: Mark Fawcett
Vice President & Treasurer

By: 

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2012

Notarization:
Subscribed and sworn to before me
this 30 day of Nov, 2012

Signature of Notary 

Signature of Notary

Seal



Seal



Fresenius Medical Care

November 27, 2012

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities and Services Review Board Application for Exemption, the co-applicant entity, which is Fresenius Medical Care Holdings, Inc., attests to the fact that:

3. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
4. That the project has not yet been entered into or executed

By: 
 ITS: Mark Fawcett
 Vice President & Treasurer

By: 
 ITS: Bryan Miron
 Assistant Treasurer

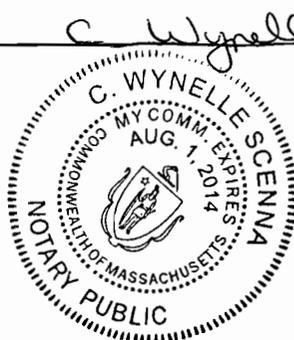
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____, 2012

Notarization:
 Subscribed and sworn to before me
 this 30 day of Nov, 2012

 Signature of Notary

 Signature of Notary

Seal



Seal