

Original

ILLINOIS HEALTH FACILITIES PLANNING BOARD *E-009-12*  
APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

This section must be completed for all proposed projects or transactions (except proposed changes of ownership) requesting an exemption from review and from the requirements of obtaining a certificate of need permit.

RECEIVED

DEC 24 2012

HEALTH FACILITIES & SERVICES REVIEW BOARD

A. Proposed Type of Project or Transaction

Check the applicable box that describes the proposed project or transaction.

- Acquisition of Major Medical Equipment
- Establishment or Expansion of Neonatal Intensive Care Service and Beds
- Combined Facility Licensure
- Temporary Use of Beds for Demonstration Programs
- Addition of Dialysis Stations to an Existing Facility

B. Applicant Identification (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name WSKC Dialysis Services Inc., d/b/a Fresenius Medical Care Alsip

Address 920 Winter Street, Waltham MA 02451

Name of Registered Agent CT Systems

- Type of Ownership  Non-profit Corporation  For-profit Corporation  Limited Liability Company  
 Partnership  Governmental  Sole Proprietorship  Other (specify)

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.

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

C. Facility Identification

Does the proposed transaction involve one or more existing licensed or certified health care facility(ies) subject To the Health Facilities Planning Act?  Yes  No

If no is checked, skip to item D. If yes is checked, provide the following information, then skip to item E. If more than one facility is involved in the transaction or project, provide this information for each facility and insert after this page, then skip to item E.

Facility Name WSKC Dialysis Services Inc., d/b/a Fresenius Medical Care Alsip

Street Address 12250 S. Cicero City Alsip

County Cook Zip 60803 Illinois State Representative District 35<sup>th</sup> district

- Type of Ownership:  Non-profit Corporation  For-profit Corporation  Limited Liability Company  
 Partnership  Governmental  Sole Proprietorship  Other (specify)

D. Project Identification

For proposed transactions (such as the acquisition of major medical equipment by a clinic) that do NOT involve a licensed or certified health care facility that is subject to the Planning Act, complete the following:

Project Name \_\_\_\_\_ N/A \_\_\_\_\_  
 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 – Holland & Knight, LLP  
 Address 131 S. Dearborn, 30<sup>th</sup> Floor, Chicago, IL 60603  
 Telephone No. ( 312 ) 578-6567

**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)

**May 31, 2013**

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)

**May 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.

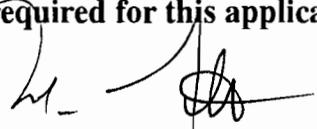
<b>USE AND SOURCE OF FUNDS</b>	
<b>Use of Funds</b>	
Preplanning Costs	N/A
Site Survey and Soil Investigation	N/A
Site Preparation	N/A
Off Site Work	N/A
New Construction Contracts	N/A
Modernization Contracts	7,000
Contingencies	N/A
Architectural/Engineering Fees	N/A
Consulting and Other Fees	N/A
Movable or Other Equipment (not in construction contracts)	100,000
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
<b>ESTIMATED TOTAL USE OF FUNDS</b>	
<b>Source of Funds</b>	
Cash and Securities	53,300
Pledges	N/A
Gifts and Bequests	N/A
Bond Issues (project related)	N/A
Mortgages	N/A
Leases (dialysis machines)	53,700
Government Appropriations	N/A
Grants	N/A
Other Funds and Sources	N/A
<b>ESTIMATED TOTAL SOURCE OF FUNDS</b>	<b>107,000</b>

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.

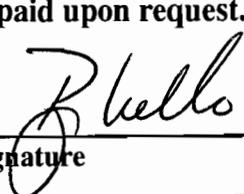
**K. Certification**

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 WSKC Dialysis Services, 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  
Printed Title Vice President & Treasurer

  
\_\_\_\_\_  
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 27 day of Nov 2012

  
\_\_\_\_\_  
Signature of Notary

Seal



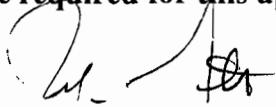
Seal

\*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.

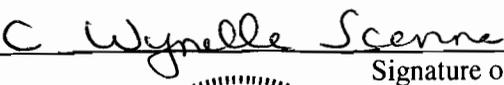
**This Application for Exemption is filed on behalf of Fresenius Medical Care Holdings, Inc. \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption 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.**

  
Signature  
Printed Name Mark Fawcett  
Vice President & Asst. Treasurer  
Printed Title \_\_\_\_\_

  
Signature  
Printed Name Bryan Meno  
Assistant Treasurer  
Printed Title \_\_\_\_\_

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

Notarization:  
Subscribed and sworn to before me  
this 27 day of Nov 2012

  
Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

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	#11-054	#12-012	#12-072
#10-063	#11-059	#12-043	#12-075
#10-064	#11-038	#12-046	#12-082
#10-067	#11-091	#12-029	#E-006-12
#10-074	#11-096	#12-067	#11-070-090
#12-056			

Lori Wright

Signature

Lori Wright/Senior CON Specialist  
Name/Title

Subscribed and sworn to before me  
this 21<sup>st</sup> day of DECEMBER 2012

Cynthia S. Turgeon

Signature of Notary

Seal





**To all to whom these Presents Shall Come, Greeting:**

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

WSKC DIALYSIS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1969, 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.



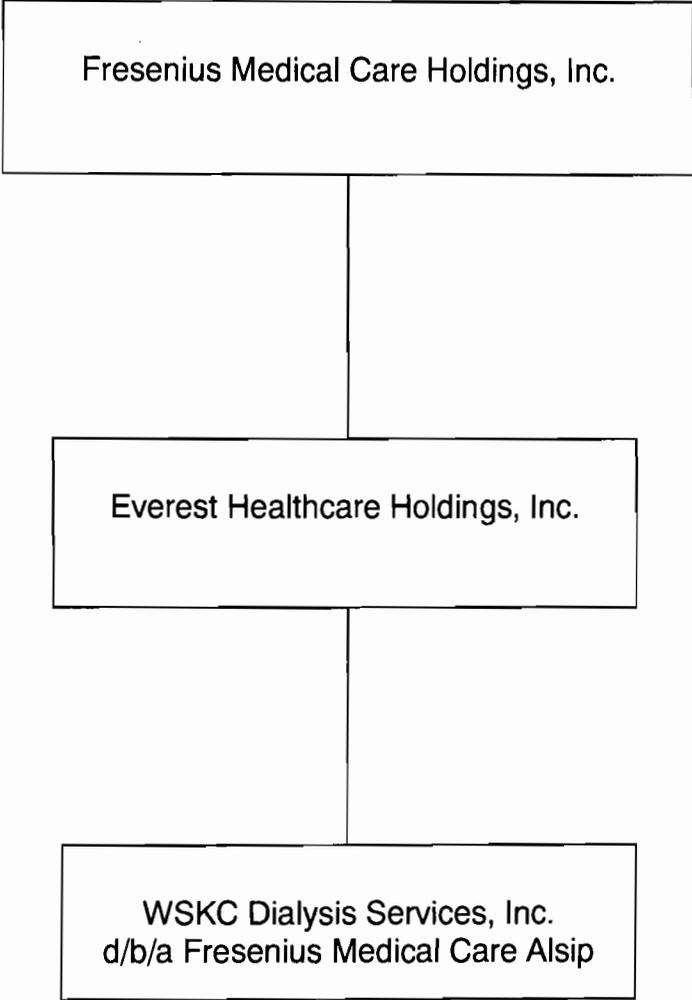
***In Testimony Whereof,*** I hereto set  
*my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 29TH  
day of JUNE A.D. 2012 .*

*Jesse White*

Authentication #: 1218101346

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	#10-074	#11-096	#12-067
#10-063	#11-054	#12-012	#12-072
#10-064	#11-059	#12-043	#12-075
#10-066	#11-038	#12-046	#E-006-12
#10-067	#11-091	#12-029	#11-070-090

\_\_\_\_\_  
Signature

Lori Wright/Senior CON Specialist  
Name/Title

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
Signature of Notary

Seal



FRESENIUS MEDICAL CARE  
dialysis stations

ADORDERNUMBER: 0000457534-01

PO NUMBER: dialysis stations

AMOUNT: \$20.44

NO OF AFFIDAVITS: 1

This notice is being given in accordance with the Illinois Health Facilities & Services Review Board, Application for Exemption, section VI, Subpart B. WSKC Dialysis Services, Inc., d/b/a Fresenius Medical Care Alsip, located at 12250 S. Cicero Avenue, Alsip, 60803, is applying for an exemption to add four dialysis stations at an estimated total cost of \$102,700.  
457534 11/30/2012

# Sun Times Media Sun-Times Media South Certificate of Publication

DEC 10 2012

State of Illinois - County of Cook, Will

Sun-Times Media South, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 11/30/2012

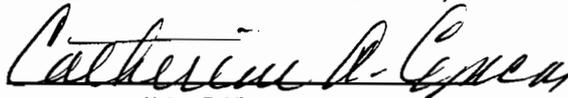
SouthtownStar

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed and notarized

By 

David Fontechia  
Account Manager - Public Legal Notices

Subscribed and sworn to before me this 30th Day of November 2012 A.D.



Notary Public

FRESENIUS MEDICAL CARE  
ONE WESTBROOK CORPORATE CENTER  
TOWER ONE, SUITE 1000  
WESTCHESTER, IL 60154



Legal Notice

Attachment - ADS - 1



# Fresenius Medical Care

November 15, 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 Planning Board Application for Exemption, the applicant entity, which is WSKC Dialysis Services, Inc., d/b/a Fresenius Medical Care Alsip, 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

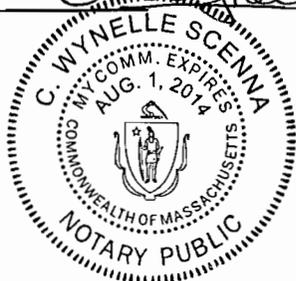
By:   
 ITS: Bryan Milano  
 Assistant Treasurer

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

Notarization:  
 Subscribed and sworn to before me  
 this 27 day of Nov, 2012

Signature of Notary  Signature of Notary

Seal



Seal



# Fresenius Medical Care

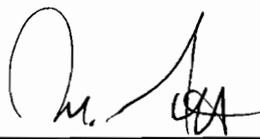
November 15, 2012

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 Planning 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 & Asst. 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 27 day of Nov, 2012

Signature of Notary C Wynelle Scenna

Signature of Notary \_\_\_\_\_

Seal

