

FOLEY & ASSOCIATES, INC.

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**HAND DELIVERED**

**RECEIVED**

August 2, 2012

AUG 08 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Ms. Courtney Avery, Administrator  
**Illinois Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

Re: **08-086**, Springfield Nursing and  
Rehabilitation Center – 2<sup>nd</sup> Permit Alteration  
Request

Dear Ms. Avery:

Enclosed with this letter is a Check for \$1,000.00 made payable to the Illinois Department of Public Health for the processing fee for the above referenced request. If you need any additional information on this request, please do not hesitate to contact me. Thank you.

Sincerely,



John P. Kniery  
Health Care Consultant

ENCLOSURE

5724

CHARLES H. FOLEY & ASSOCIATES, INC.  
1638 SOUTH MACARTHUR BOULEVARD  
SPRINGFIELD, IL 62704  
217-544-1551

70-7345-2711

DATE 8/1/12

PAY TO THE ORDER OF

Illinois Department of Public Health

\$ 1,000.00

One thousand and 00/100

DOLLARS



SECURITY BANK  
510 E. Monroe  
Springfield, IL 62701

FOR Project No. 08-086 Springfield Nursing & Rehabilitation Center

Lina M. Zary

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