

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: U.S. Renal Care Bolingbrook Dialysis		
Street Address: 396 Remington Blvd.		
City and Zip Code: Bolingbrook 60440		
County: Will County	Health Service Area IX	Health Planning Area:

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: USRC Bolingbrook LLC
Address: 2400 Dallas Pkwy #350, Plano, Texas 75093
Name of Registered Agent: C T Corporation System
Name of Chief Executive Officer: Stephen Pirri (President)
CEO Address: 2400 Dallas Pkwy #350, Plano, Texas 75093
Telephone Number: 214.736.2700

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o 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-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact**

**[Person to receive all correspondence or inquiries during the review period]**

Name: Edward Clancy
Title: Attorney
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**Additional Contact**

**[Person who is also authorized to discuss the application for permit]**

Name: Shawn K. Moon
Title: Attorney
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