

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nesreen Suwan, Member
55555, LLC
2867 East Ogden Avenue
Lisle, IL 60532

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/2/13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

MAY 06 2013

 No

HEALTH FACILITIES &
SERVICES REVIEW BOARD

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7010 2780 0002 2011 2186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Object # 11-121

Dear Nesreen Suwan,

Please accept this letter as notice for submitting the Annual Progress Report for Project # 11-121 Lisle Center for Pain Management - Lisle. Pursuant to the Illinois Health Facilities Planning Act (Act), this notice fulfills the Health Facilities and Services Review Board's (State Board) requirement for providing notice to permit holders of post-permit reporting requirements. Your Annual Progress Report is due no later than **July 05, 2013**.

The requirements for a compliant Annual Progress Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.760.

Please be aware that this permit is valid only for the defined construction or modification, site, amount and the named permit holders as approved by the State Board on June 5, 2012. In accordance with the Act, the permit is valid until such time as the project has been completed, provided that all post-permit reporting requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. Failure to comply with the post-permit reporting requirements may result in fines as defined in the Act and State Board regulations.

If the permit holder believes that a change to the project will occur, please refer to 77 Ill. Adm. Code 1130.750 for allowable alterations and proper procedure for pursuing a permit alteration.

If the permit holder believes that additional time is required to complete the project, please refer to 77 Ill. Adm. Code 1130.740 for proper procedure for pursuing a permit renewal.

If you have already submitted your Annual Progress Report to the Board, please disregard this notice. Should you have any questions regarding this notice, please contact Alexis Kendrick at 312.814.0955.

Sincerely,

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board

VIEW BOARD

82-3516 FAX: (217) 785-4111