



Anne M. Cooper  
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February 17, 2012

**RECEIVED**

**FEDERAL EXPRESS**

FEB 21 2012

George Roate  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

**Re: Crystal Springs Dialysis CON Application Signature Pages**

Dear Mr. Roate:

Enclosed please find original copies of the signature pages for the Crystal Springs Dialysis certificate of need application.

If you have any questions or need any additional information to complete your review of the application, please feel free to contact me.

Sincerely,

Anne M. Cooper

Attachments  
064628 043527

Chicago Dallas Denver Edwardsville Jefferson City Kansas City Los Angeles New York  
Overland Park Phoenix St. Joseph St. Louis Springfield Topeka Washington, DC Wilmington

*In California, Polsinelli Shughart LLP.*

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

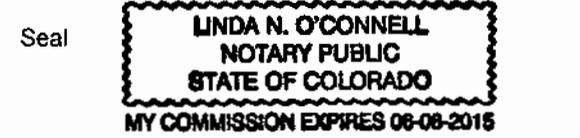
This Application for Permit is filed on the behalf of DaVita Inc. \*  
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant 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 permit application fee required for this application is sent herewith or will be paid upon request.

Luis Borgen  
SIGNATURE  
Luis Borgen  
PRINTED NAME  
Chief Financial Officer  
PRINTED TITLE

Arturo Sida  
SIGNATURE  
Arturo Sida  
PRINTED NAME  
Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15<sup>th</sup> day of February, 2012  
Linda N O'Connell  
Signature of Notary

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



Seal

see attached

\*Insert EXACT legal name of the applicant

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_

Signature of Document Signer No. 2 (if any) \_\_\_\_\_

State of California  
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me  
 on this 16 day of FEBRUARY 2012  
 by Arturo Sim  
 (1) \_\_\_\_\_  
 Name of Signer



proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me (.)   
 (and  
 (2) \_\_\_\_\_  
 Name of Signer

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me.)  
 Signature Evette Johnson  
 Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Further Description of Any Attached Document**

Title or Type of Document: Application for Permit  
Varitas Inc  
 Document Date: 1-17-12 Number of Pages: 1  
 Signer(s) Other Than Named Above: LUXS BOLDEN

**RIGHT THUMBPRINT OF SIGNER #1**  
 Top of thumb here

**RIGHT THUMBPRINT OF SIGNER #2**  
 Top of thumb here

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Seasons Dialysis, LLC \* 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 permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Luis Borgen  
 SIGNATURE  
 Luis Borgen  
 PRINTED NAME  
 Chief Financial Officer  
 PRINTED TITLE

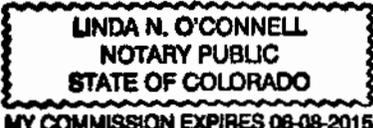
Arturo Sida  
 SIGNATURE  
 Arturo Sida  
 PRINTED NAME  
 Assistant Secretary  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 15<sup>th</sup> day of February, 2012

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

Linda N. O'Connell  
 Signature of Notary

See attached  
 Signature of Notary

Seal 

\*Insert EXACT legal name of the applicant

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

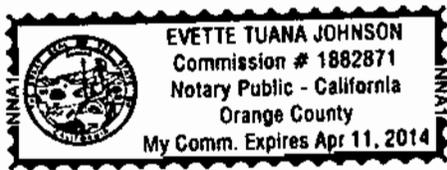
- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_  
 Signature of Document Signer No. 2 (if any) \_\_\_\_\_

State of California  
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me  
 on this 16 day of FEBRUARY 2012  
 by Arturo Silva  
 (1) \_\_\_\_\_  
 Name of Signer



proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me (.) ✓  
 (and  
 (2) \_\_\_\_\_  
 Name of Signer

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me.)  
 Signature Evette Tuana Johnson  
 Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Further Description of Any Attached Document**

Title or Type of Document: Application for Permit  
(Seasons Wild 515)  
 Document Date: 16 Feb 12 Number of Pages: 1  
 Signer(s) Other Than Named Above: Luis Bergen

RIGHT THUMBPRINT OF SIGNER #1
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RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here



1551 Wewatta Street  
Denver, CO 80202  
Tel: (303) 405-2100  
www.davita.com

February 15, 2012

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Adverse Action and Access to Information**

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated in Illinois by DaVita Inc. or Seasons Dialysis, LLC during the three years prior to filing this application.

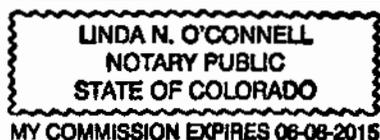
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Luis Borgen  
Chief Financial Officer  
DaVita Inc.  
Seasons Dialysis, LLC

Subscribed and sworn to me  
This 15<sup>th</sup> day of February, 2012

Notary Public





1551 Wewatta Street  
Denver, CO 80202  
Tel: (303) 405-2100  
www.davita.com

February 15, 2012

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Admission Policies**

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that the admissions policy for Crystal Springs Dialysis will not become more restrictive as a result of the proposed reorganization of Crystal Springs Dialysis.

Sincerely,

Luis Borgen  
Chief Financial Officer  
DaVita Inc.  
Seasons Dialysis, LLC

Subscribed and sworn to me  
This 15<sup>th</sup> day of February, 2012

  
Notary Public