



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

September 7, 2012

Certified Mail
Return Receipt Requested

Tami Tegler, Administrator
Resthabe Nursing and Retirement Home
408 Maple Avenue
Morrison, Illinois 61270

Dear Ms Tegler:

We are in receipt of your mortgage commitment documentation. This documentation fulfills the requirements of the conditions and stipulations of Permit #12-022. This documentation also meets the obligation requirements of this permit. Your project is obligated as of August 28, 2012, the date of the commitment letter.

You are reminded that this submittal does not relieve you of the post permit requirements as they are stated in your permit letter. If you should have any questions please contact Alexis Kendrick (312-814-0955) of my staff for assistance. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Courtney R. Avery".

Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board