FRESENIUS
MEDICAL CARE

RECEIVED
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HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 8, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Third Annual Progress Report. Section 1130.760
Project #12-029 BMA Southwestern Illinois
Permit Holder: Bio-Medical Applications of Illinois, Inc., and Fresenius Medical Care Holdings, Inc.
Permit Amount: $4,442,054

Dear Ms. Avery:

Enclosed please find the annual progress report which summarizes the current status of the above-mentioned project.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

FRESENIUS
MEDICAL CARE

September 8, 2014

Third Annual Progress Report, Section 1130.760

Project #12-029 BMA Southwestern Illinois
Permit Holder: Bio-Medical Applications of Illinois, Inc., and Fresenius Medical Care Holdings, Inc.
Permit Amount: $4,442,054

This report summarizes the current status of the above-mentioned project. The project is located at 7 Professional Drive, Alton, IL. There have been no changes to the scope and size of this project. The Permit amount is $4,442,054.

Status of the Project

This is a project for the relocation of the 19-station Fresenius Medical Care Southwestern Illinois. The project was obligated through the execution of the lease for premises on October 30, 2012. The facility treated its first patient on February 10, 2014. The facility has received its certification inspection and is now just waiting on the certification letter.

Application and Certificate for Payment (AIA G702)

See attached certificates.

Anticipated Completion Date

The project is currently approximately 99.9% complete and is expected to be completed by December 31, 2015.

Sources and Uses of Funds

All project financing to date has been funded from available cash and its equivalents as reported on the company's financial statements. The right to occupy the premises is secured through a leasing arrangement. This leasing arrangement is utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	1,454,506	1,089,375
Contingencies	159,893	0
Architectural/Engineering	160,000	72,517
Consulting and other fees	N/A	N/A
Movable & Other Equipment	500,000	208,849
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	2,167,655	2,167,655
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	4,442,054	
Realized Total Project Costs To Date		**3,538,396**

Cash & Securities	2,274,399	1,370,741
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	2,167,655	2,167,655
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	N/A	N/A
Total funds	4,442,054	
Total Spent to Date		**3,538,396**

AIA® Document G702™ – 1992

Application and Certificate for Payment

2 4 2014

TO OWNER: Fresenius Medical Care 2219 Hollywood Blvd. Hollywood FL 33020	PROJECT Southern Illinois 1 Professional Drive Alton IL 62002	APPLICATION NO: 6 PERIOD TO: 02/13/2014 CONTRACT FOR: CONTRACT DATE: PROJECT NOS: TREATMENT / CLINIC /	Distribution to: OWNER ☐ ARCHITECT ☐ CONTRACTOR ☐ FIELD ☐ OTHER ☐
FROM CONTRACTOR: Modern Construction Corporation 254 Rockland Road Hendersonville TN 37075	VIA ARCHITECT: Christopher Kidd & Assoc. LLC N 48 W 16550 Lisbon Road Menomonee Falls WI 53051		

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM ..... $ 739,500.00
2. Net change by Change Orders ..... $ 17,287.13
3. CONTRACT SUM TO DATE (Line 1 ± 2) ..... $ 756,787.13
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) ..... $ 756,787.13
5. RETAINAGE:
   a. 0.00 % of Completed Work (Column D + E on G703) $ 0.00
   b. 0.00 % of Stored Material (Column F on G703) $ 0.00

   Total Retainage (Lines 5a + 5b or Total in Column I of G703)..... $ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... $ 756,787.13
   (Line 4 Less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... $ 678,828.32
   (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE ..... $ 77,958.81
9. BALANCE TO FINISH, INCLUDING RETAINAGE
   (Line 3 less Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$	$
Total approved this Month	$	$
TOTALS	$	$
NET CHANGES by Change Order	$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
By: [signature] Date: 2/18/14
State of: TN
County of: Sumner
Subscribed and sworn to before me this 18 day of February, 2014
Notary Public: Gina Dumitrescu
My Commission expires: September 20, 2014

GINA DUMITRESCU
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect~~'s knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... $ 77,958.81

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

~~ARCHITECT~~:
By: [signature] Date: 2/24/14

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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Application and Certificate for Payment

24 2014

TO OWNER: Fresenius Medical Care 2219 Hollywood Blvd. Hollywood FL 33020	PROJECT Southern Illinois 1 Professional Drive Alton IL 62002	APPLICATION NO: 6 PERIOD TO: 02/13/2014 CONTRACT FOR: CONTRACT DATE: PROJECT NOS: HHD / /	Distribution to: OWNER ☐ ARCHITECT ☐ CONTRACTOR ☐ FIELD ☐ OTHER ☐
FROM CONTRACTOR: Modern Construction Corporation 254 Rockland Road Hendersonville TN 37075	VIA ARCHITECT: Christopher Kidd & Assoc. LLC N 48 W 16550 Lisbon Road Menomonee Falls WI 53051		

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM ..... $ 180,500.00
2. Net change by Change Orders ..... $ 0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2) ..... $ 180,500.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) ..... $ 180,500.00
5. RETAINAGE:
   a. 0.00 % of Completed Work (Column D + E on G703) $ 0.00
   b. 0.00 % of Stored Material (Column F on G703) $ 0.00
   Total Retainage (Lines 5a + 5b or Total in Column I of G703)..... $ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... $ 180,500.00 (Line 4 Less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... $ 162,450.00 (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE ..... $ 18,050.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$	$
Total approved this Month	$	$
TOTALS	$	$
NET CHANGES by Change Order	$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
By: _____ Date: _____
State of: TN
County of: Sumner
Subscribed and sworn to before me this 14th day of February, 2014
Notary Public: Gina Dumitrescu
My Commission expires: September 20, 2016

GINA DUMITRESCU STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF SUMNER

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect's~~ knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... $ 18,050.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

~~ARCHITECT~~
By: _____ Date: 2/24/14

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER):	Fresenius Medical Care	PROJECT:	Fresenius 1647-2 Alton, IL	APPLICATION NO:	5	Distribution to:
				PERIOD TO:	11/30/2013	OWNER:
FROM (CONTR.)	Cohen Architectural Woodworking	VIA (ARCHITECT):		CONTRACTOR'S		ARCHITECT
				PROJECT NO:		CONTRACTOR
CONTRACT FOR:	Millwork & Installation			CONTRACT DATE:		

DEC 16

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
CO 1		900	
TOTALS		900	0
Net change by Change Orders		900	

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: 12/10/2013

Lorri L Loeffelman
Notary Public Notary Seal
State of Missouri County of Crawford
My Commission Expires 05/29/2016
Commission # 12347922

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	$ 151,188.00
2. Net change by Change Orders	$ 900.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	$ 152,088.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$ 152,088.00
5. RETAINAGE:	
a. _____ % of Completed Work (Columns D + E on G703)	_____
b. 100 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I of G703)	$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$ 152,088.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$ 136,879.20
8. CURRENT PAYMENT DUE	$ 15,208.80
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$ -

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 10th day of Dec 2013
Notary Public: Lorri Loeffelman
My Commission expires: 5-29-2016

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect's~~ knowledge, information and belief the Work has progresssed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $15,208.80
(Attach explanation if amount certified differs from the amount applied for.)

~~ARCHITECT~~:

By: _____ Date: 12/16/13

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.