

RECEIVED

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.

HEALTH FACILITIES AND SERVICES REVIEW BOARD

This Application for Permit is filed on the behalf of Jackson County Board.
 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.



SIGNATURE
John D. Evans

PRINTED NAME
Jackson County Board Chair

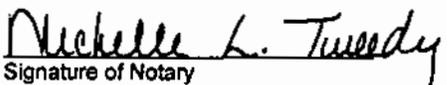


SIGNATURE
Frank Puttman

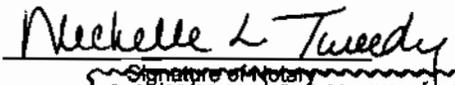
PRINTED NAME
Jackson County Rehab & Care Chair

Notarization:
Subscribed and sworn to before me
this 25 day of May 2012

Notarization:
Subscribed and sworn to before me
this 25 day of May 2012



Signature of Notary
Seal
"OFFICIAL SEAL"
Michelle L. Tweedy
Notary Public, State of Illinois
*Insert My Commission Expires 08/05/2012



Signature of Notary
Seal
"OFFICIAL SEAL"
Michelle L. Tweedy
Notary Public, State of Illinois
My Commission Expires 08/05/2012