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October 17, 2012

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RECEIVED

OCT 18 2012

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Ottawa Pavilion (Proj. No. 12-063)

Dear Mr. Constantino:

This letter is written in connection with the above referenced project, Ottawa Pavilion, and constitutes a modification of the certificate of need application. This modification adds 800 East Center Street, LLC as a co-applicant because it will be financially responsible for making payments on the debt related to this project. Attached for your review are the following documents:

- Co-Applicant Information for 800 East Center Street, LLC
- Certificate of Good Standing for 800 East Center Street, LLC
- Adverse Action Certification and Authorization to Access Information for 800 East Center Street, LLC
- Reasonableness of Financing Arrangements for 800 East Center Street, LLC

Please note we have not included three years of historical financial statements or financial viability ratios for 800 East Center Street, LLC. We will provide the financial statements and financial viability ratios under separate cover.

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.

Michael Constantino
October 17, 2012
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If you have any questions or need any additional information to complete your review of the Ottawa Pavilion certificate of need application, please feel free to contact me.

Sincerely,



Anne M. Cooper

AMC:
Attachments

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | |
|-------------------------------------------|------------------------|-------------------------------|
| Facility Name: Ottawa Pavilion | | |
| Street Address: 800 East Center Street | | |
| City and Zip Code: Ottawa, Illinois 61350 | | |
| County: LaSalle | Health Service Area: 2 | Health Planning Area: LaSalle |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

| |
|-------------------------------------------------------------|
| Exact Legal Name: 800 East Center Street, LLC |
| Address: 800 East Center Street, Ottawa, Illinois 61350 |
| Name of Registered Agent: MS Registered Agent Services |
| Name of Chief Executive Officer: Marshall Mauer |
| CEO Address: 800 East Center Street, Ottawa, Illinois 61350 |
| Telephone Number: |

Type of Ownership of Applicant/Co-Applicant

| | |
|---------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

| |
|----------------------------------------------------------------------|
| Name: Charles P. Sheets |
| Title: Attorney |
| Company Name: Polsinelli Shughart PC |
| Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601 |
| Telephone Number: 312-873-3605 |
| E-mail Address: csheets@polsinelli.com |
| Fax Number: |

Additional Contact

[Person who is also authorized to discuss the application for permit]

| |
|-------------------------------------------------------------|
| Name: Marshall A. Mauer |
| Title: Secretary/Treasurer |
| Company Name: Dynamic Healthcare |
| Address: 3359 West Main Street, Skokie, Illinois 60076-2432 |
| Telephone Number: 847-679-8219 |
| E-mail Address: mmauer@dynamichc.com |
| Fax Number: |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

800 EAST CENTER STREET, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 19, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1229101128

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of OCTOBER A.D. 2012 .

Jesse White

SECRETARY OF STATE

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 800 East Center Street, 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.



SIGNATURE
Marshall A. Mauer

PRINTED NAME
Manager

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of October, 2012



Signature of Notary
Seal 

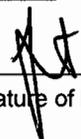


SIGNATURE
Maurice I. Aaron

PRINTED NAME
Managerfa

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of October, 2012



Signature of Notary
Seal 

*Insert EXACT legal name of the applicant

800 East Center Street, LLC
3359 West Main Street
Skokie, Illinois 60076

October 5, 2012

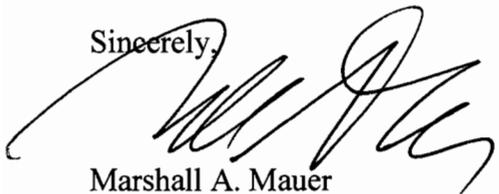
Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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 by 800 East Center Street, 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.

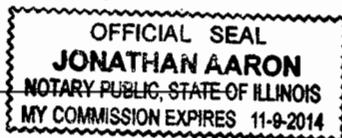
Sincerely,



Marshall A. Mauer
Manager
800 East Center Street, LLC

Subscribed and sworn to me
This 5th day of October, 2012

Notary Public



800 East Center Street, LLC
3359 West Main Street
Skokie, Illinois 60076

October 5, 2012

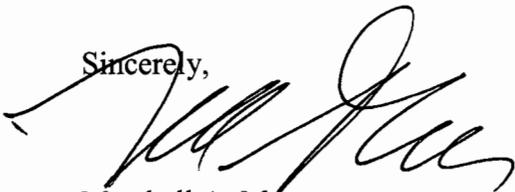
Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

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 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funding in part by borrowing because a portion of the cash and cash equivalents must be retained in the balance sheet asset accountings in order to maintain a current ratio of 1.5 times. Further, the selected form of debt financing the project will be the lowest cost available.

Sincerely,



Marshall A. Mauer
Manager
800 East Center Street, LLC

Subscribed and sworn to me
This 5th day of October, 2012


Notary Public

