



Fresenius Medical Care

February 22, 2013

RECEIVED

FEB 25 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Courtney Avery
Administrator
Illinois Health Facilities Planning Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report.
Project # 12-075 Fresenius Medical Care Oak Park
Permit Holder: Fresenius Medical Care River Forest, LLC and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$0

Dear Ms Avery:

Enclosed please find the final realized cost report submission for the above mentioned project along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 708-498-9121.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

January 16, 2013

Final Cost Report, Section 1130.770 Fresenius Medical Care Oak Park

Project # 12-075, Fresenius Medical Care Oak Park

Permit Holder: Fresenius Medical Care River Forest, LLC and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$0

This report summarizes the change of ownership status of the above-mentioned project. The development is located at 733 Madison Avenue, Oak Park, IL. There have been no changes to the gross square footage, services or day to day operations as a result of this transaction. The Permit amount is \$0.

Key Milestones Completed:

Percent Completed - 100%

- | | |
|--|------------|
| • Project Obligation with transaction completion | 12/01/2012 |
| • Project Completion with transaction completion | 12/01/2012 |

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.

Project Costs and Sources of Funds		
Line Item	Allowance/CON	Realized Costs
Preplanning Costs		
Site Survey & Soil Investigation		
Site Preparation		
Off-site work		
New Construction Contracts		
Modernization		
Contingencies		
Architectural/Engineering		
Consulting and other fees		
Movable & Other Equipment		
Bond Issuance Expense		
Net Interest Expense during Construction		
FMV of Leased Space & Equipment		
Acquisition of Building or other Property (excluding land)		
Total Project Costs	\$0	
Realized Total Project Costs To Date		\$0
Cash & Securities		
Pledges		
Gifts & Bequests		
Bond Issues		
Mortgages		
Lease FMV		
Gov. Approp		
Grants		
Other funds and Sources		
Total funds	\$0	
Total Spent to Date		\$0

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Certification Of Cost Report
For Fresenius Medical Care Oak Park
Project # 12-075

Fresenius Medical Care River Forest, LLC. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Oak Park, Project #12-075, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: *[Signature]*
ITS: *Manager*

BY: *[Signature]*
ITS: _____

Subscribed and Sworn to
Before me this 5 day of February, 2013

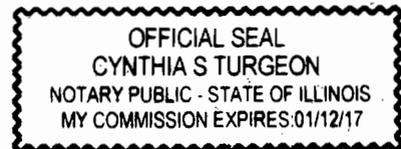
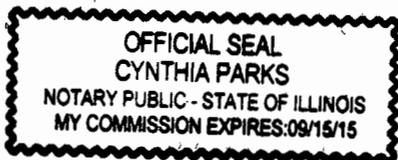
Subscribed and Sworn to
Before me this 22ND day of FEB, 2013

Cynthia Parks
Notary Public

Cynthia S. Turgeon
Notary Public

My commission expires: 9-15-15

My commission expires: 1-12-17



Certification Of Cost Report
For Fresenius Medical Care Oak Park
Project # 12-075

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Oak Park, Project #12-075, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: 
ITS: Vice President

BY: 
ITS: **Bryan Mello**
Assistant Treasurer

Subscribed and Sworn to
Before me this ___ day of ___, 2013

Subscribed and Sworn to
Before me this 21 day of Jan, 2013

_____C Wynelle Scenna_____
Notary Public Notary Public

My commission expires: _____

My commission expires: 08-01-2014

