



RECEIVED

FEB 18 2015

February 15, 2015

HEALTH FACILITIES &
SERVICES REVIEW BOARD

State of Illinois
Health Facilities and Services Review Board
525 West Jefferson St
Springfield IL 62761

Re: Project Completion and Final Realized Costs
Project Number: #13-007
Facility Name: Preferred SurgiCenter, LLC
Facility Address: 10 Orland Park Square Drive, Orland Park, IL
Permit Holder: Preferred SurgiCenter, LLC
Permit Amount: \$3,770,000

Ladies and Gentlemen:

The above noted project was completed on February 13, 2015. The following sets forth the final realized costs:

	Actual Realized	HFSRB Approved
Preplanning Costs	\$25,000	\$30,000
Site Preparation	included in Modernization Contracts	\$65,000
Modernization Contracts	\$1,661,150	\$1,700,000
Contingencies	included in Modernization Contracts	\$100,000
Architectural/Engineering Fees	\$150,000	\$257,000
Consulting and Other Fees	\$20,000	\$20,000
Movable and Other Equipment	\$785,000	\$1,000,000
FMV of Leased Space and Equipment	\$675,000	\$675,000
Total	\$3,316,150	\$3,770,000



I hereby certify that Preferred SurgiCenter has complied with all of the requirements of the HFSRB Permit for the above noted project as set forth in the letter from Ms. Courtney Avery dated dated October 15, 2013, including the project cost, square footage, and services.

If you require any additional information please notify us at your convenience.

Respectfully,

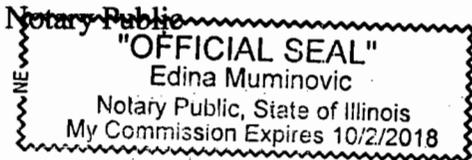
A handwritten signature in black ink, appearing to read "N. Rustom", written in a cursive style.

Dr Naser Rustom
President

A large, stylized handwritten signature in black ink, appearing to read "Edina Muminovic", written in a cursive style.

Feb. 16. 2015

Date



APPLICATION AND CERTIFICATE FOR PAYMENT

PROJECT: Professional BurgCenter, LLC.
 10 Oxford Square Drive, Oxford Park, IL 60442
PERIOD TO: 04/15/15
PO#: 0
CONTRACT DATE:

FROM (CONTRACTOR): MICHAUDA CONSTRUCTION INC.
 11204 S. WESTERN AVE.
 CHICAGO, IL 60648
CONTRACT FOR: GENERAL CONSTRUCTION

DISTRIBUTION BY:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

APPROVED THIS MONTH	VALUES
TOTAL	\$0.00
Number	\$0.00
Date Approved	\$0.00
TOTALS	\$0.00
Net change by Change Orders	\$0.00

Application is made for Payment, as shown below, in connection with the Contract, Confirmation Sheet, which is attached.

1. ORIGINAL CONTRACT SUM \$1,661,150.00
2. Net change by Change Orders \$0.00
3. CONTRACT SUM TO DATE (Line 1 + 2) \$1,661,150.00
4. TOTAL COMPLETED & STORED TO DATE (Column I on Confirmation Sheet) \$1,661,150.00

- a. RETAINAGE:
 - 10.0 % of Completed Work \$0.00
 - (Column F + G on Confirmation Sheet)
 - 10.0 % of Stored Material \$0.00
 - (Column H on Confirmation Sheet)

Total Retainage (Line 5a + 5b or Total in Column L of Confirmation Sheet) \$0.00

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) \$1,661,150.00

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$1,646,352.90

8. CURRENT PAYMENT DUE \$14,797.10

9. BALANCE TO BE PAID \$0.00

State of Illinois
 Subscribed and sworn to before me this 13th day of March, 2015.
 Notary Public:
 My Commission expires:

(Line 2 less 8)
 SHARON A. SOMMER
 Notary Public
 State of Illinois

215,767.10

Date: 3/13/2015

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 the Work has progressed to the point indicated that to the best of his knowledge, information and belief, the quality of the Work is in accordance with the Contract Documents; and that the Contractor is entitled to payment of the AMOUNT CERTIFIED.

CONTRACTOR: MICHAUDA CONSTRUCTION INC.
 By: *Joseph L. Schmitt*, Executive Vice President
 Date: 1/5/15

ARCHITECT:
 By: *Sharon A. Sommer*
 Date: 3/13/2015

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.