



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

October 22, 2015

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Hamid Humayun, MBBS, MD, FACP, FAS  
Nocturnal Dialysis Spa, LLC  
1634 South Ardmore Avenue  
Villa Park, IL 60181

**RE: Final Cost Report**  
Health Facilities Planning Act  
PERMIT: #13-049 Facility Name: Nocturnal Dialysis Spa  
APPLICANT(S): Nocturnal Dialysis Spa, LLC

Dear Dr. Humayun:

We are in receipt of your final project cost report for Permit #13-049 dated October 8, 2015. The report is in compliance with State Board Rules (77 IAC 1130.140 and 1130.770). Based upon your report, our records will show that the permit had a final realized cost of \$1,751,301.92 and a project completion date of October 1, 2015. No further action by the permit holder is required for this permit in relationship to the Illinois Health Facilities Planning Act.

Should you have any questions or concerns please contact Mike Constantino or George Roate of my staff at [Mike.Constantino@illinois.gov](mailto:Mike.Constantino@illinois.gov) or [George.Roate@illinois.gov](mailto:George.Roate@illinois.gov) or 217.782.3516.

Sincerely,

A handwritten signature in black ink that reads "Kathy Olson". The signature is written in a cursive, flowing style.

Kathy Olson, Board Chair  
Illinois Health Facilities and Services Review Board