



July 18, 2016

RECEIVED

JUL 19 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Request For Permit Renewal Section 1130.750
Project #14-019, Fresenius Medical Care Lemont
Permit Holder: Fresenius Medical Care Lemont, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$4,283,096

Dear Ms. Avery:

Fresenius Medical Care Lemont, LLC is seeking to renew the permit for Fresenius Medical Care Lemont. Enclosed is a \$500.00 permit renewal fee. There has been no change to the size and scope of this project since the permit was altered April 21, 2015. This report summarizes the current status of the project.

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli



July 7, 2016

Request For Permit Renewal Section 1130.750

Request For Permit Renewal Section 1130.750

Project #14-019, Fresenius Medical Care Lemont

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

Permit Amount: \$4,283,096

1. **The requested completion date:** *The requested completion date is March 31, 2017.*
2. **a status report on the project detailing what percent has been completed and a summary of project components yet to be finished and the amount of funds expended on the project date**

This project was originally for the establishment of a 12-station ESRD facility in 9,965 GSF with a permit amount of \$4,735,282. On April 21, 2015 an alteration was approved to decrease the project size to 8,732 GSF and a permit cost of \$4,283,096. The project was obligated with the execution of the lease on April 29, 2015. Facility construction is complete and the first patient was treated on July 6, 2016. The facility now just requires CMS certification to be complete. Additional time is needed for inspection and receipt of certification letter.

The project is approximately 99% complete and is expected to be complete prior to March 31, 2017.

3. **a statement as to the reasons why the project has not been completed**

There was a slight weather delay in the beginning of construction of the project, however it is now complete and the facility is open, however it is not expected that CMS certification will be completed prior to the current completion deadline.



4. evidence of financial commitment to fund the project

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. The right to occupy the premises has been secured through a leasing arrangement. This leasing arrangement was utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

Total committed for Project

PROJECT COST AND SOURCES OF FUNDS		
	Committed	Spent
Preplanning Costs	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off Site Work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization Contracts	1,405,852	0
Contingencies	139,712	0
Architectural/Engineering Fees	152,000	67,650
Consulting and Other Fees	N/A	N/A
Movable or Other Equipment (not in construction contracts)	320,000	310,579
Bond Issuance Expense (project related)	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,265,532	2,265,532
3868Other Costs To Be Capitalized	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A
Total Committed For Project	4,283,096	
	Spent	\$2,643,761

5. anticipated final cost of the project *Final cost will be within the permit amount of \$4,286,096.*



FRESENIUS KIDNEY CARE

Fresenius Medical Care Lemont, LLC

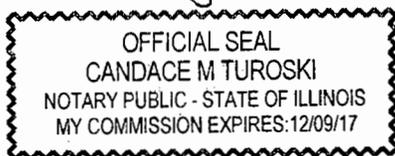
In accordance with Section 1130.740 part c, of the Illinois Health Facilities & Services Review Board rules for renewal of a permit;

I do hereby certify that the project was initiated on 04/29/2015 with the lease execution and; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of stations are in compliance with that which the State Board has approved.

By: *[Signature]*
ITS: Regional Vice President

Notarization: *Candace M. Turosski*
Subscribed and sworn to before me
This 18th day of July, 2016

Seal





**FRESENIUS
KIDNEY CARE**

Fresenius Medical Care Holdings, Inc.

In accordance with Section 1130.740 part c, of the Illinois Health Facilities & Services Review Board rules for renewal of a permit;

I do hereby certify that the project was initiated on 04/29/2015 with the lease execution and; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of stations are in compliance with that which the State Board has approved.

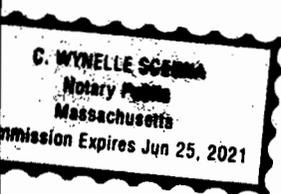
By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:

Subscribed and sworn to before me

This 17 day of July, 2016

Seal



MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts }
County of Middlesex } ss.

On this the 11 day of July, 2016, before me,

C Wynelle Scenna, the undersigned Notary Public,
Name of Notary Public

personally appeared Bryan Mallo,
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were
personally known,
Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document,
and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(.)

as partner(s) for _____
Name of Partnership

_____, a partnership.

as _____ for
Title of Office

_____, a corporation.
Name of Corporation

as attorney in fact for _____

_____, the principal.
Name of Principal Signer

as Asst Treas for _____
Type of Capacity

PMCH, a/the Corp.
Name of Person/Entity Type of Entity

C Wynelle Scenna
Signature of Notary Public

C Wynelle Scenna
Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires 06/25/2021

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer
Top of thumb here