TCO JV, LLC

14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

June 6, 2016

Mr. Mike Constantino
525 W. Jefferson
Springfield, IL 62761

Subject: Contact, Dan Lawler
Project #15-044

Dear Mr. Constantino,

Please accept this correspondence as notification to add TCO JV, LLC CON Legal Counsel Daniel J. Lawler as an additional person of contact for Project #15-044. Mr. Lawler's contact information and email are provided.

Daniel J. Lawler
Barnes & Thornburg LLP
One North Wacker Drive, Suite 4400
Chicago, IL 60606
312-214-4861
dlawler@btlaw.com

Sincerely,

Gerry Jenich
Manager
TCO JV, LC

cc: Daniel Lawler
John Kniery
Andy Van Zee

Facility/Project Identification

Facility Name: **Transformative Health of McHenry**
Street Address: **Southwest Corner of Bull Valley Road and Lawrence Parkway**
City and Zip Code: **McHenry, Illinois 60050**
County: **McHenry** Health Service Area: **008** Health Planning Area: **McHenry**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **MS McHenry, LLC**
Address: **14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032**
Name of Registered Agent: **Christopher J Lukaart**
Name of Chief Executive Officer: **David Stordy**
CEO Address: **14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032**
Telephone Number: **(317) 582-6200**

Type of Ownership (Applicant/Co-Applicants)

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **133 South 4th Street, Suite 200, Springfield, Illinois 62701**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Daniel J. Lawler**
Title: **Attorney at Law, Partner**
Company Name: **Barnes & Thornburg LLP**
Address: **One North Wacker Drive, Suite 4400, Chicago, Illinois 60606**
Telephone Number: **(312) 214-4861**
E-mail Address: **dlawler@btlaw.com**
Fax Number: **(312) 759-5646**