



Project Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Illinois State Representative District \_\_\_\_\_

**E. Primary Contact Person** (person who is to receive correspondence or inquiries)

Name Lori Wright Title Senior CON Specialist  
 Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154  
 Telephone No. (708) 498-9121

**F. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Coleen Muldoon Title Regional Vice President  
 Address One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154  
 Telephone No. (708) 498-9118

**F. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Clare Ranalli Title Attorney – Holland & Knight, LLP  
 Address 131 S. Dearborn, 30<sup>th</sup> Floor, Chicago, IL 60603  
 Telephone No. (312) 578-6567

**G. Flood Plain Requirements**

Does the proposed project or transaction involve construction of a new building or an addition to an existing building?  Yes  No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**H. Historic Resources Preservation Act Requirements**

Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings?  Yes  No. If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Project Status and Completion Schedules**

1. Anticipated transaction or project obligation date (refer to Part 1130.140)

**June 15, 2011**

NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)

**April 1, 2012**

3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
- Obligation or completion is contingent upon approval of the exemption application;
- Obligation or completion will occur after approval of the exemption application.

**J. Project Cost and Sources of Funds**

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

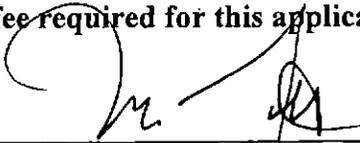
<b>USE AND SOURCE OF FUNDS</b>	
<b>Use of Funds</b>	
Preplanning Costs	N/A
Site Survey and Soil Investigation	N/A
Site Preparation	N/A
Off Site Work	N/A
New Construction Contracts	N/A
Modernization Contracts	30,000
Contingencies	3,000
Architectural/Engineering Fees	0
Consulting and Other Fees	N/A
Movable or Other Equipment (not in construction contracts)	69,700
Bond Issuance Expense (project related)	N/A
Net Interest Expense During Construction (project related)	N/A
Other Costs To Be Capitalized	N/A
Acquisition of Building or Other Property (excluding land)	N/A
<b>ESTIMATED TOTAL USE OF FUNDS</b>	
<b>Source of Funds</b>	
Cash and Securities	49,000
Pledges	N/A
Gifts and Bequests	N/A
Bond Issues (project related)	N/A
Mortgages	N/A
Leases (dialysis machines)	53,700
Government Appropriations	N/A
Grants	N/A
Other Funds and Sources	N/A
<b>ESTIMATED TOTAL SOURCE OF FUNDS</b>	102,700

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

**K. Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

**This Application for Exemption is filed on behalf of Bio-Medical Applications of Illinois, Inc. \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the exemption application fee required for this application is sent herewith or will be paid upon request.**



Signature

Printed Name Mark Fawcett  
Vice President & Treasurer

Printed Title \_\_\_\_\_

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2011

Signature of Notary

Seal



Signature

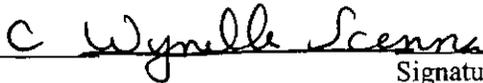
Printed Name Marc Lieberman  
Asst Treasurer

Printed Title \_\_\_\_\_

Notarization:

Subscribed and sworn to before me  
this 8 day of April 2011

Signature of Notary

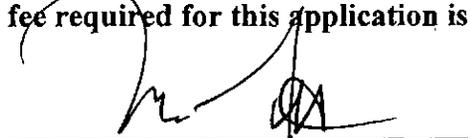


\*Insert EXACT legal name of the applicant

**K. Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

**This Application for Exemption is filed on behalf of Fresenius Medical Care Holdings, Inc. \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the exemption application fee required for this application is sent herewith or will be paid upon request.**



Signature \_\_\_\_\_  
Mark Fawcett  
Vice President & Asst. Treasurer

Printed Name \_\_\_\_\_

Printed Title \_\_\_\_\_



Signature \_\_\_\_\_

Printed Name Marc Lieberman

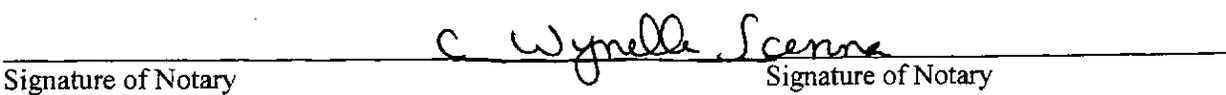
Printed Title Asst Treasurer

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2011

Notarization:

Subscribed and sworn to before me  
this 8 day of April 2011

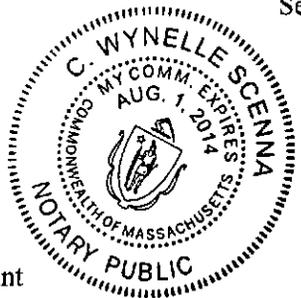


Signature of Notary

Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

BIO-MEDICAL APPLICATIONS OF ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JUNE 10, 1975, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of SEPTEMBER A.D. 2010 .*

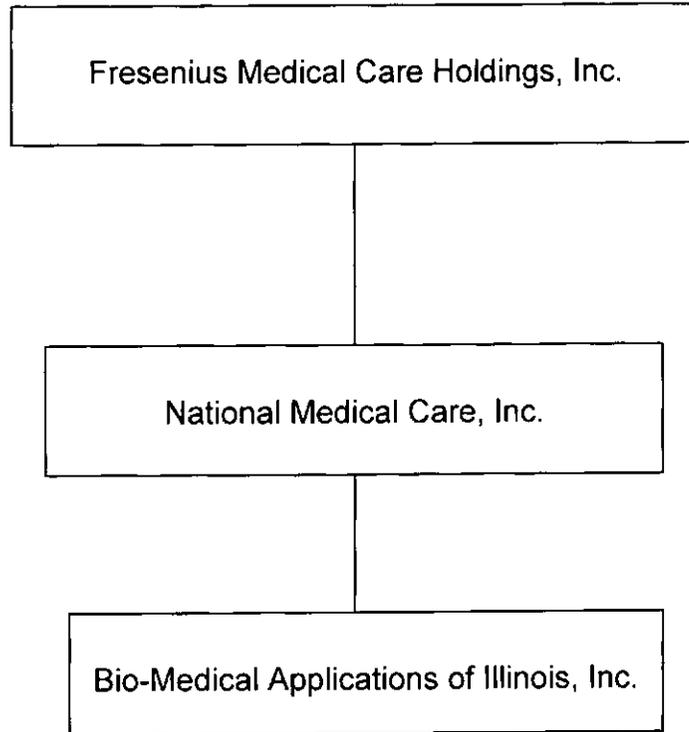
*Jesse White*

Authentication #: 1025301578

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

**ORGANIZATIONAL CHART FOR  
BIO-MEDICAL APPLICATIONS OF ILLINOIS, INC.**



Compliance Requirements

To the best of my knowledge, all post permit filings on the following outstanding permits belonging to Fresenius Medical Care Holdings, Inc. are up to date and within State Board compliance.

#08-104	#09-067	#10-036	#10-067
#09-028	#10-001	#10-039	#10-071
#09-037	#10-012	#10-063	#10-074
#09-046	#10-033	#10-064	#10-076
#09-058	#10-035	#10-066	#10-080

*Lori Wright*

Signature

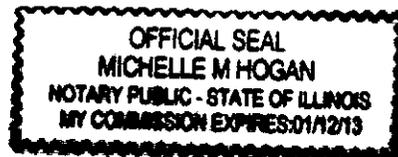
Lori Wright/Senior CON Specialist  
Name/Title

Subscribed and sworn to before me  
this 5<sup>th</sup> day of April, 2011

*Michelle M. Hogan*

Signature of Notary

Seal



**SECTION VI. PROJECTS FOR THE ADDITION OF DIALYSIS STATIONS (ADS)****A. PROJECT INFORMATION** (provide the following:)

1. What is the number of additional dialysis stations requested in this application? 4.
2. What is the facility's current number of certified dialysis stations? 22.
3. What is the facility's planning area for dialysis services? 7
4. What is the number of additional dialysis stations identified in the inventory as needed for the facility's planning area? 26\*.  
*\*#10-067 was permitted March 22<sup>nd</sup> for 12 stations, reducing the need to 14 stations.*
5. What is the date of the inventory update you used to obtain the information in #4 above? 03/18/11
6. What is the total number of treatments provided by this facility for the most recent 12 months that utilization data is available? 16,458. Specify the 12 month period (year) 04/01/10 to 03/31/11
7. Based upon the facility's number of treatments provided in #5 above, what is the facility's utilization rate for the 12 month period for which data was provided? 80 %.
8. Does the utilization rate listed in #6 above meet the rate of 80% specified in 77 Ill. Adm. Code 1100.630?  
 Yes  No

**B. LEGAL NOTICE REQUIREMENTS**

Provide proof of publication of the legal notice regarding the project as required by Part 1130.544.

**APPEND DOCUMENTATION AS ATTACHMENT ADS-1 AFTER THE LAST PAGE OF THIS SECTION.**

**C. CERTIFICATIONS**

Provide a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed.

**APPEND DOCUMENTATION AS ATTACHMENT ADS-2 AFTER THE LAST PAGE OF THIS SECTION.**

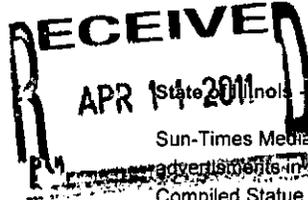
**D. APPLICATION PROCESSING FEE**

The exemption application processing fee is the greater of \$1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order payable to the **Illinois Department of Public Health** must accompany the application.

FRESENIUS MEDICAL CARE  
four dialysis

ADORDERNUMBER: 0000059320-01  
PO NUMBER: four dialysis  
AMOUNT: \$30.66  
NO OF AFFIDAVITS: 1

**Sun Times Media**  
**Sun-Times Media South**  
**Certificate of Publication**



State of Illinois County of Cook, Will

Sun-Times Media South, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.  
Note: Notice appeared in the following checked positions.

**PUBLICATION DATE(S):** 04/06/2011

SouthtownStar

Legal Notice  
This notice is being given in accordance with the Illinois Health Facilities & Services Review Board, Application for Exemption section VI, Subpart B, Bio-Medical Applications of Illinois, Inc.d/b/a FMCNA Dialysis Services Burbank, located at 4811 W. 77th Street, Burbank, IL 60459, is applying for an exemption to add four dialysis stations at an estimated total cost of \$102,700.  
Lon Wright  
Senior CON Specialist  
Fresenius Medical Care  
1 Westbrook Corporate Center  
Westchester, IL 60154  
708-498-9121  
59320 4/6/2011

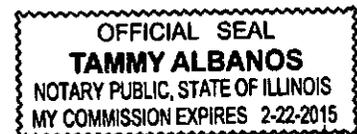
IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed and notarized

By *John G. Bieschke*  
John G. Bieschke  
Account Manager - Public Legal Notices

Subscribed and sworn to before me this 6th Day of April 2011 A.D.

*Tammy Albanos*  
Notary Public

FRESENIUS MEDICAL CARE  
1 WESTBROOK CRPT CTR 1000  
WESTCHESTER, IL 60154





# Fresenius Medical Care

April 5, 2011

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities Planning Board Application for Exemption, the applicant entity, which is Bio-Medical Applications of Illinois, Inc., d/b/a FMCNA Dialysis Services Burbank, attests to the fact that:

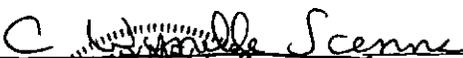
1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed

By:   
 ITS: Mark Fawcett  
Vice President & Treasurer

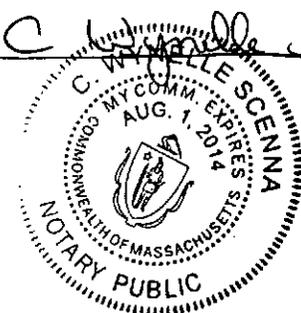
By:   
 ITS: Marc Lieberman  
Asst Treasurer

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 2011

Notarization:  
 Subscribed and sworn to before me  
 this 8 day of April, 2011

Signature of Notary  Signature of Notary

Seal



Seal



# Fresenius Medical Care

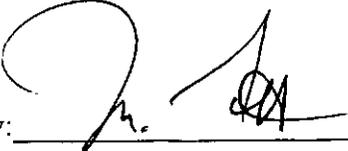
April 5, 2011

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

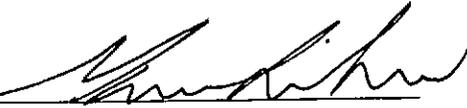
Dear Ms. Avery:

In accordance with Section VI, part C of the Illinois Health Facilities Planning Board Application for Exemption, the co-applicant entity, which is Fresenius Medical Care Holdings, Inc., attests to the fact that:

3. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
4. That the project has not yet been entered into or executed

By: 

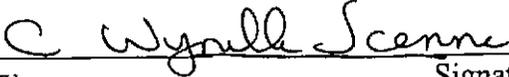
ITS: Mark Fawcett  
Vice President & Asst. Treasurer

By: 

ITS: Marc Lieberman  
Asst Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2011

Notarization:  
Subscribed and sworn to before me  
this 8 day of April, 2011

  
Signature of Notary

Signature of Notary

Seal

Seal

