Presence Health℠

Jeannie C. Frey
Chief Legal Officer
Presence Health
200 S. Wacker Drive
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BY FEDERAL EXPRESS

RECEIVED
SEP 17 2015
HEALTH FACILITIES &
SERVICES REVIEW BOARD

E-011-15 thru
E-016-15

September 16, 2015

Mr. Mike Constantino
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Presence Health Hospital Reorganization

Dear Mr. Constantino,

As requested, enclosed are the following documents to add Presence Health Network as a co-applicant to each of the six Presence Health hospital COE applications submitted on September 15, 2015: (i) an additional Section 3, listing Presence Health Network as a co-applicant; (ii) a signed certification page for Presence Health Network; and (iii) a Certificate of Good Standing for Presence Health Network. There is a set of documents enclosed for each application.

If you have any questions about the materials, please contact me at my email or phone number above, or Associate General Counsel Ann Sherline at (312) 308-3266 or ann.sherline@presencehealth.org.

Sincerely,

Jeannie C. Frey

Jeannie C. Frey
Chief Legal Officer and General Counsel
Presence Health

Legal Affairs\Gov Restru Proj\Corp Reorg\Hospital Reorg\COE\HFSRB_Ltr_09.16.2015

E-013-15

PRESENCE SAINT FRANCIS MEDICAL CENTER

3. **NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Presence Health Network

Address 200 S. Wacker Drive

City, State & Zip Code Chicago, IL 60606

Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship

_x_ Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental

_____ Limited Liability Company _____ Other, specify _____

16. **PRIMARY CONTACT PERSON**. Individual representing the applicant to whom all correspondence and inquiries pertaining to this application are to be directed. (Note: other persons representing the applicant not named below will need written authorization from the applicant stating that such persons are also authorized to represent the applicant in relationship to this application).

Name: Clare C. Ranalli
Address: McDermott Will & Emery, 227 West Monroe Street
City, State & Zip Code: Chicago, IL 60606-5096
Telephone ( ) Ext. 312-984-3365

17. **ADDITIONAL CONTACT PERSON. Consultant, attorney, other individual who is also authorized to discuss this** application and act on behalf of the applicant.

Name: Shawn Albritton
Address: Presence Health, 200 S. Wacker Drive, 11th Floor
City, State & Zip Code: Chicago, IL 60606
Telephone ( ) Ext. 312-308-3937

18. **CERTIFICATION** Co-Applicant Presence Health Network

I certify that the above information and all attached information are true and correct to the best of my knowledge and belief. I certify that the number of beds within the facility will not change as part of this transaction. I certify that no adverse action has been taken against the applicant(s) by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois. I certify that I am fully aware that a change in ownership will void any permits for projects that have not been completed unless such projects will be completed or altered pursuant to the requirements in 77 IAC 1130.520(f) prior to the effective date of the proposed ownership change. I also certify that the applicant has not already acquired the facility named in this application or entered into an agreement to acquire the facility named in the application unless the contract contains a clause that the transaction is contingent upon approval by the State Board.

Signature of Authorized Officer Jeannie C. Frey

Typed or Printed Name of Authorized Officer Jeannie C. Frey

Title of Authorized Officer: Secretary

Address: 200 S. Wacker Drive

City, State & Zip Code: Chicago, IL 60606

Telephone (312) 308-3291 Date: 9/16/15

NOTE: complete a separate signature page for each co-applicant and insert following this page.

File Number 2595-936-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PRESENCE HEALTH NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 05, 1939, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 16TH *day of* SEPTEMBER *A.D.* 2015 .

Authentication #: 1525902192 verifiable until 09/16/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE