

RECEIVED

DEC 16 2014

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

December 15, 2014

Stephen M. Angelette  
(214) 661-5563  
sangelette@polsinelli.com

CONFIDENTIAL

VIA FEDERAL EXPRESS AND ELECTRONIC MAIL

Alabama State Health Planning & Development Agency  
Attn: Mr. Alva M. Lambert, Executive Director  
RSA Union Building  
100 N. Union Street - Suite 870  
Montgomery, AL 36104  
[shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)

Re: Notice of Change of Ownership  
Care First Hospice (SHPDA ID 073-3704-P)  
St. Vincent's Home Health of Jefferson County (SHPDA ID 073-3719-H)  
St. Vincent's Home Health of St. Clair County (SHPDA ID 115-0001-H)

Dear Mr. Lambert:

We respectfully submit to the State Health Planning and Development Agency ("SHPDA") this explanatory letter and the enclosed *Change of Ownership* forms pursuant to Alabama Certificate of Need Program Rules and Regulations ("CON Rules") § 410-1-7-.04. The changes of ownership (the "Transaction") described herein involve the transfer of the right to operate home health agencies in (A) Jefferson County via St. Vincent's Home Health of Jefferson County (SHPDA ID 073-3719-H) and all SHDPA-authorized service areas associated therewith<sup>1</sup> and (B) St. Clair County via St. Vincent's Home Health of St. Clair County (SHPDA

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<sup>1</sup> See, SHPDA correspondence from 1998, 2001, and 2013, confirming the authorized service areas for St. Vincent's Home Health of Jefferson County (CON 1643-HH) (SHPDA ID Number 073-3719-H) as:

- (a) Jefferson County, pursuant to CON 1643-HH, issued October 28, 1998 by a Fair Hearing Officer;
- (b) Bibb, Blount, Shelby, St. Clair, Tuscaloosa, and Walker counties, pursuant to Contiguous County Authority as of May 17, 2001; and
- (c) Drop Site: Blount County, pursuant to Letter of Non-Reviewability (RV2013-020) as of May 24, 2013.

ID 115-0001-H) and all SHPDA-authorized service areas associated therewith<sup>2</sup> (collectively, the "Home Health Agencies").

The anticipated Transaction also includes Care First Hospice, LLC (SHPDA ID 073-3704-P) (the "Hospice") and all SHPDA-authorized service areas associated therewith<sup>3</sup> (together with the Home Health Agencies, the "Providers"). It is anticipated that the Transaction will occur promptly, after all conditions to closing have been satisfied, including receipt of the approval requested by this letter. The parties anticipate closing on or about January 9, 2015.

For your reference, the current ownership structure of the Providers (i.e., before the anticipated Transaction) is illustrated by the diagram enclosed with this letter as Exhibit A.

The anticipated Transaction will involve two steps that will occur almost simultaneously:

1. **Step 1** will involve a transfer of all of the stock of Care First, Inc. ("Care First"), the sole owner of Care First Hospice, LLC and the 70% owner of St. Vincent's Home Health, LLC. Specifically, the current owners<sup>4</sup> of Care First will transfer all of the issued and outstanding stock of Care First to Evolution Health, LLC ("Evolution Health"). This transfer of stock will result in Evolution Health becoming the sole owner of Care First. The ownership structure of the Providers after Step 1 is illustrated by the diagram enclosed with this letter as Exhibit B.

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<sup>2</sup> See, SHPDA correspondence from 1994 through 2002, confirming the authorized service areas for St. Vincent's Home Health of St. Clair County (SHPDA ID 115-0001-H) as:

- (a) St. Clair County, pursuant to Letter of Non-Reviewability (OP-0110) dated September 29, 1994;
- (b) Talladega County, pursuant to Contiguous County Authority as of June 29, 1998;
- (c) Shelby County, pursuant to Contiguous County Authority as of September 9, 1998;
- (d) Etowah County, pursuant to Contiguous County Authority as of November 9, 1998;
- (e) Jefferson County, pursuant to Contiguous County Authority as of May 28, 1999;
- (f) Calhoun County, pursuant to Contiguous County Authority as of September 17, 1999; and
- (g) Blount County, pursuant to Contiguous County Authority as of August 23, 2002.

<sup>3</sup> See, SHPDA correspondence from 1985 through 2010, confirming the authorized service area for Care First Hospice as:

- (a) Jefferson County, pursuant to Letter of Non-Reviewability dated December 6, 1985; and
- (b) Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, and Talladega counties pursuant to CON 2346-HPC issued March 4, 2010 and in correspondence dated October 18, 2010.

<sup>4</sup> The current owners of Care First are CFI Capital Partners, LLC (82.8%) and W. David Jemigan (17.2%). See, SHPDA correspondence March 7, 2007 regarding a "stock purchase only transaction" for Care First Hospice and SHPDA Correspondence dated November 12, 2009 regarding reorganization of Hospice. See, SHPDA correspondence dated March 1, 2011, approving CO2011-25 and CO2011-026, which involved the transfer of certain home health operating rights from Care First, Inc. and Care First Home Health Care, LLC to St. Vincent's Home Health, LLC, including the operating rights for the Home Health Agencies identified herein.

2. **Step 2**, which will occur *immediately after* Step 1, will involve the following contributions to a joint venture, Ascension Health at Home, LLC and then contributions from Ascension Health at Home, LLC to Home Health Alabama, LLC:
  - a. Care First will contribute its 100% ownership interest in Care First Hospice, LLC and its 70% ownership interest in St. Vincent's Home Health, LLC to Ascension Health at Home, LLC.
  - b. St. Vincent's Health System will contribute its 30% ownership interest in St. Vincent's Home Health, LLC to Ascension Health at Home, LLC.
  - c. Ascension Health at Home, LLC will contribute 100% of its ownership interest to Home Health, Alabama, LLC, which is a direct, wholly-owned subsidiary of Ascension Health at Home, LLC.

The contributions to Ascension Health at Home, LLC are part of the capitalization of Ascension Health at Home, LLC. Ascension Health at Home, LLC is a 50-50 joint venture between Evolution Health, LLC and Ascension Health.<sup>5</sup> The ownership structure of the Providers after Step 2, which will be the ownership structure of the Providers going forward, is illustrated by the diagram enclosed with this letter as Exhibit C.

After the consummation of the anticipated Transaction, Care First Hospice, LLC will remain the legal entity that owns and operates the Hospice. St. Vincent's Home Health, LLC will remain the legal entity that owns and/or operates the Home Health Agencies. Importantly, none of the following will change in connection with the anticipated Transaction:

- the Federal Tax Identification Numbers of Care First Hospice, LLC and St. Vincent's Home Health, LLC;
- the physical addresses of the Providers;
- the NPIs or Medicare Provider Numbers of the Providers; and
- the type, quantity, and quality of services offered by the Providers.

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<sup>5</sup> Pursuant to that certain New Hospital Lease Agreement dated May 18, 2010 by and between St. Vincent's – St. Clair, LLC and the St. Clair County Health Care Authority, St. Vincent's Health System is the lessee of all of the operating rights and authorities of St. Vincent's - St. Clair Hospital, including its home health operating rights. St. Vincent's Health System is a wholly-owned subsidiary of Ascension Health, which after the contemplated transaction will be a 50% owner of Ascension Health at Home, the newly-formed joint venture described above. Accordingly, Ascension Health's ownership interest in Ascension Health at Home, LLC (which wholly owns Home Health Alabama, LLC) maintains the required nexus between St. Vincent's – St. Clair Hospital and St. Vincent's Home Health of St. Clair County.

Pursuant to § 410.1-7.06 of the CON Rules and for the purpose of providing SHPDA with all information necessary to perform its regulatory functions, attached hereto are *Change of Ownership* forms concerning the transfers taking place as part of the anticipated Transaction. The following items are provided in response to items 1 through 5 on page two of the *Change of Ownership* form:

1. Financial Scope of the Project. All transfers comprising the anticipated Transaction will be for fair market value consideration for the transferred stock and ownership interests.
2. Services to be Offered. The services offered by the Providers will remain the same as those currently offered by the Hospice and the Home Health Agencies. The anticipated Transaction will not result in the addition new services.
3. Whether the Proposal will include the Addition of Any New Beds. The anticipated Transaction will not result in the addition of any new beds.
4. Whether the Proposal will Involve the Conversion of Beds. The anticipated Transaction will not involve the conversion of beds.
5. Nature of Transaction. As described above, Step 1 of the Transaction will involve Evolution Health's acquisition of 100% of the stock of Care First from Care First's current owners. Step 2 of the Transaction, which will occur *immediately after* Step 1, will involve (a) the contribution of 100% of the ownership interests in Care First Hospice, LLC from Care First, Inc. and St. Vincenent's Health System in St. Vincent's Home Health, LLC to Ascension Healh at Home, LLC; and (b) the contribution of 100% of Ascension Health at Home, LLC's ownership interest to Home Health Alabama, LLC, a direct wholly-owned subsidiary.

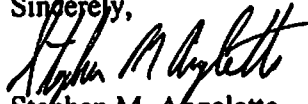
Based upon the facts presented herein, we respectfully request that you exercise your authority and determine that neither a Certificate of Need, nor any further regulatory review, is required for the consummation of the anticipated Transaction. There will be no change in health services, a conversion of or increase in the number of beds or bed capacity, or any capital expenditure in excess of the statutory thresholds set forth in *Alabama Code* § 22-21-263(a)(2). In accordance with CON Rule § 410-1-7-.04, I am enclosing a check in the amount of \$7,500 and the fully-executed *Change of Ownership* forms.

December 15, 2014

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If you have any questions, please call me at (214) 661-5563 or e-mail me at [sangelette@polsinelli.com](mailto:sangelette@polsinelli.com). You may also contact Cynthia Ransburg-Brown at (205) 930-5389 or via email at [cransburgbrown@sirote.com](mailto:cransburgbrown@sirote.com) regarding any questions relating to Care First, Inc. and/or its owners and their involvement in the Transaction.

Sincerely,



Stephen M. Angelette

Encs.

**Change of Ownership Form #1**

**Stock Transfer from Care First, Inc. to Evolution Health, LLC**

**CHANGE OF OWNERSHIP****RECEIVED**

DEC 16 2014

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**

Name of Organization: Evolution Health, LLC \_\_\_\_\_

Facility Name:  
(ADPH Licensure name) N/A \_\_\_\_\_

SHPDA ID Number: N/A \_\_\_\_\_

Address (PO Box #): 6200 S. Syracuse Way, Suite 200 \_\_\_\_\_

City, State, Zip, County: Greenwood Village, CO, 80111, Arapahoe \_\_\_\_\_

Number/Type Licensed Beds: N/A \_\_\_\_\_

Owner(s): Emergency Medical Services, L.P. – 100% (direct)  
Envision Healthcare Corporation – 100% (indirect)  
Envision Healthcare Holdings, Inc. – 100% (indirect)

Operator(s): Evolution Health, LLC \_\_\_\_\_

**Part II: Selling Organization Information**

Name of Organization: Care First, Inc. \_\_\_\_\_

Address (PO Box #): 1400 Urban Center Drive, Suite 240 \_\_\_\_\_

City, State, Zip, County: Vestavia Hills, Alabama 35242 (Jefferson County)

Number/Type Licensed Beds: N/A \_\_\_\_\_

Owner(s): CFI Capital Partners, LLC 82.8%  
W. David Jernigan 17.2%

Operator(s): Care First, Inc. \_\_\_\_\_

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ Please see attached letter No./Type Beds: N/A \_\_\_\_\_

Terms of Purchase: Please see attached letter \_\_\_\_\_  
(add more pages as necessary to describe the sale)

**Part IV: List of Certificate of Need Authority**

Number of Beds: N/A \_\_\_\_\_

Types of Institutional Health Services: Home Health and Hospice Services \_\_\_\_\_

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

#### Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s):

[Signature]

CFI Capital Partners, LLC

MANAGER

Title/Date

[Signature]

W. David Jernigan

Exec VP

Title/Date

Operator(s):

[Signature]

Care First, Inc.

President

Title/Date

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES    ☐ NO    The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_



Types of Institutional Health Services: Home Health and Hospice Services \_\_\_\_\_

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

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- \*5.) Whether the assets and stock (if any) will be acquired.

#### Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s): \_\_\_\_\_ CFI Capital Partners, LLC  
\_\_\_\_\_ Title/Date

\_\_\_\_\_ W. David Jernigan  
\_\_\_\_\_ Title/Date

Operator(s): \_\_\_\_\_ Care First, Inc.  
\_\_\_\_\_ Title/Date

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_

*Steven K. Boyd*  
CED

12-15-14

**Change of Ownership Form #2**

**Transfer of 100% of the Ownership Interests of  
Care First, Inc. and St. Vincent's Health System, LLC**

**in**

**St. Vincent's Home Health, LLC**

**to**

**Ascension Health at Home, LLC**

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## CHANGE OF OWNERSHIP

DEC 16 2014

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

## Part I: Purchasing Organization Information

Name of Organization: Ascension Health at Home, LLC \_\_\_\_\_

Facility Name:  
(ADPH Licensure name) N/A \_\_\_\_\_

SHPDA ID Number: N/A \_\_\_\_\_

Address (PO Box #): 2711 Centerville Road, Suite 400 \_\_\_\_\_

City, State, Zip, County: Wilmington, DE, 19808, New Castle \_\_\_\_\_

Number/Type Licensed Beds: N/A \_\_\_\_\_

Owner(s): Evolution Health, LLC – 50%  
Ascension Health – 50%

Operator(s): Ascension Health at Home, LLC \_\_\_\_\_

## Part II: Selling Organization Information

Name of Organization: Care First, Inc. \_\_\_\_\_  
(as the 100% owner of Care First Hospice, LLC and as the 70%  
owner of St. Vincent's Home Health, LLC)

St. Vincent's Health System \_\_\_\_\_  
(as the 30% owner of St. Vincent's Home Health, LLC)

Care First, Inc. Address (PO Box #): 6200 S. Syracuse Way, Suite 200  City, State, Zip, County: Greenwood Village, CO, 80111, Arapahoe  Number/Type Licensed Beds: N/A	St. Vincent's Health System Address (PO Box #): 810 Saint Vincents Drive  City, State, Zip, County: Birmingham, AL, 35205, Jefferson  Number/Type Licensed Beds: N/A
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Owner(s): Evolution Health, LLC  
(as the 100% owner of Care First, Inc., which owns 100% of Care  
First Hospice and 70% of St. Vincent's Home Health, LLC)

St. Vincent's Health System  
(as the 30% owner of St. Vincent's Home Health, LLC)

Operator(s): Care First Hospice, LLC and St. Vincent's Home Health, LLC

**Part III: Value of Consideration**Monetary Value of Purchase: \$ Please see attached letter No./Type Beds: N/ATerms of Purchase: Please see attached letter  
(add more pages as necessary to describe the sale)**Part IV: List of Certificate of Need Authority**Number of Beds: N/ATypes of Institutional Health Services: Home Health and Hospice Services

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

\*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.

\*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).

\*3.) Whether the proposal will include the addition of any new beds.

\*4.) Whether the proposal will involve the conversion of beds.

\*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s): \_\_\_\_\_ Care First, Inc.  
\_\_\_\_\_ Title/Date\_\_\_\_\_ St. Vincent's Health System  
\_\_\_\_\_ Title/DateOperator(s): W. Lee Care First Hospice, LLC  
Manager 12/12/14 Title/DateW. Lee St. Vincent's Home Health, LLC  
CARE FIRST, INC. MANAGER Title/DateI certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \_\_\_\_\_  
JOHN E. LEE, III President, CFO

**Part III: Value of Consideration**Monetary Value of Purchase: \$ Please see attached letter No./Type Beds: N/ATerms of Purchase: Please see attached letter  
(add more pages as necessary to describe the sale)**Part IV: List of Certificate of Need Authority**Number of Beds: N/ATypes of Institutional Health Services: Home Health and Hospice Services

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHPDA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s): \_\_\_\_\_ Care First, Inc.  
Title/DateDavid Coulb St. Vincent's Health System  
Title/DateOperator(s): \_\_\_\_\_ Care First Hospice, LLC  
Title/Date\_\_\_\_\_ St. Vincent's Home Health, LLC  
Title/Date

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of

**Part III: Value of Consideration**Monetary Value of Purchase: \$ Please see attached letter No./Type Beds: N/ATerms of Purchase: Please see attached letter  
(add more pages as necessary to describe the sale)**Part IV: List of Certificate of Need Authority**Number of Beds: N/ATypes of Institutional Health Services: Home Health and Hospice Services

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
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- \*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s): Steven D. Bayda  
Owner(s): Care First, Inc.  
CEO 12-15-14 Title/Date\_\_\_\_\_ St. Vincent's Health System  
Title/DateOperator(s): Care First Hospice, LLC  
Title/Date\_\_\_\_\_ St. Vincent's Home Health, LLC  
Title/Date

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of

\$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES    ☐ NO    The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:

Stuart D. Boyd

Title/Date:

CEO    12-15-14

**Change of Ownership Form #3**

**Transfer of 100% of the Ownership Interests of**

**Ascension Health at Home, LLC**

**to**

**Home Health Alabama, LLC**



**CHANGE OF OWNERSHIP RECEIVED**

DEC 16 2014

**Part I: Purchasing Organization Information**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

Name of Organization: Home Health Alabama, LLC \_\_\_\_\_

Facility Name:  
(ADPH Licensure name) N/A \_\_\_\_\_

SHPDA ID Number N/A \_\_\_\_\_

Address (PO Box #): 1400 Urban Center Drive, Suite 240 \_\_\_\_\_

City, State, Zip, County: Birmingham, AL, 35242, Jefferson \_\_\_\_\_

Number/Type Licensed Beds: N/A \_\_\_\_\_

Owner(s): Ascension Health at Home, LLC – 100%

Operator(s): N/A \_\_\_\_\_

**Part II: Selling Organization Information**

Name of Organization: Ascension Health at Home, LLC \_\_\_\_\_

Address (PO Box #): 2711 Centerville Road, Suite 400 \_\_\_\_\_

City, State, Zip, County: Wilmington, DE, 19808, New Castle \_\_\_\_\_

Number/Type Licensed Beds: N/A \_\_\_\_\_

Owner(s): Evolution Health, LLC - 50%  
Ascension Health – 50%

Operator(s): Care First Hospice, LLC and St. Vincent's Home Health, LLC

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ Please see attached letter No./Type Beds: N/A \_\_\_\_\_

Terms of Purchase: Please see attached letter \_\_\_\_\_  
(add more pages as necessary to describe the sale)

**Part IV: List of Certificate of Need Authority**

Number of Beds: N/A \_\_\_\_\_

Types of Institutional Health Services: Home Health and Hospice Services \_\_\_\_\_

List Service Area by County for Home Health Agencies:

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

On an Attached Sheet Please Address the Following:

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

#### Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s): \_\_\_\_\_ Ascension Health at Home, LLC  
Title/Date

Operator(s): ASHEALTH Care First Hospice, LLC  
Manager 12/14/14 Title/Date

ASHEALTH St. Vincent's Home Health, LLC  
CHIEF FIRST AID MANAGER Title/Date

ASHEALTH President, CEO

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_

Jefferson County (SHDPA ID 073-3719-H) and all contiguous counties  
St. Clair County (SHDPA ID 115-0001-H) and all contiguous counties

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- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
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#### Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

Seller(s) Signature(s):

Owner(s):

Stuart B. Boyd Ascension Health at Home, LLC  
CED- 12-15-14 Title/Date

Operator(s):

Stuart B. Boyd First Hospice, LLC  
CED 12-15-14 Title/Date

Stuart B. Boyd St. Vincent's Home Health, LLC  
CED 12-15-14 Title/Date

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO

The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:

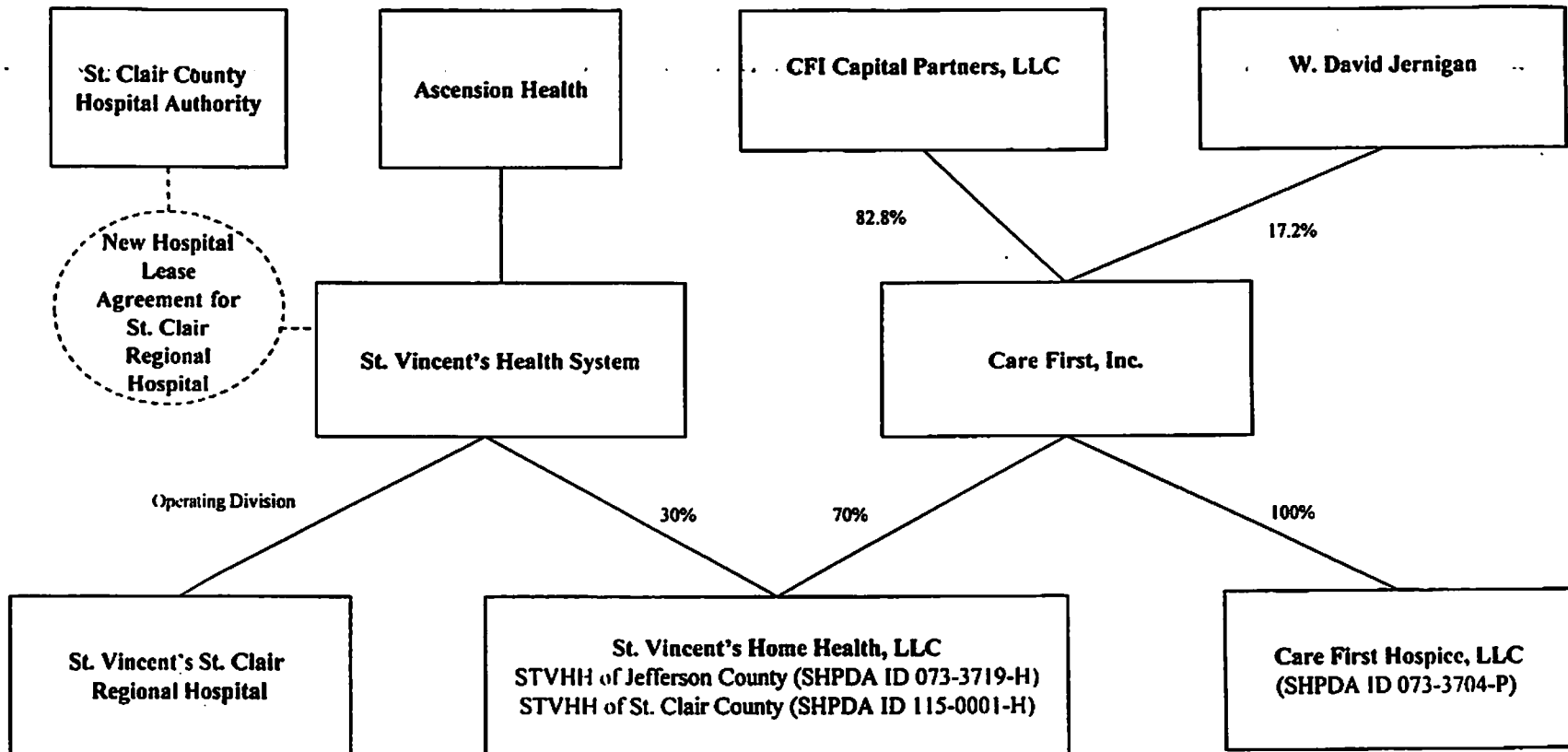
Stuart B. Boyd

Title/Date:

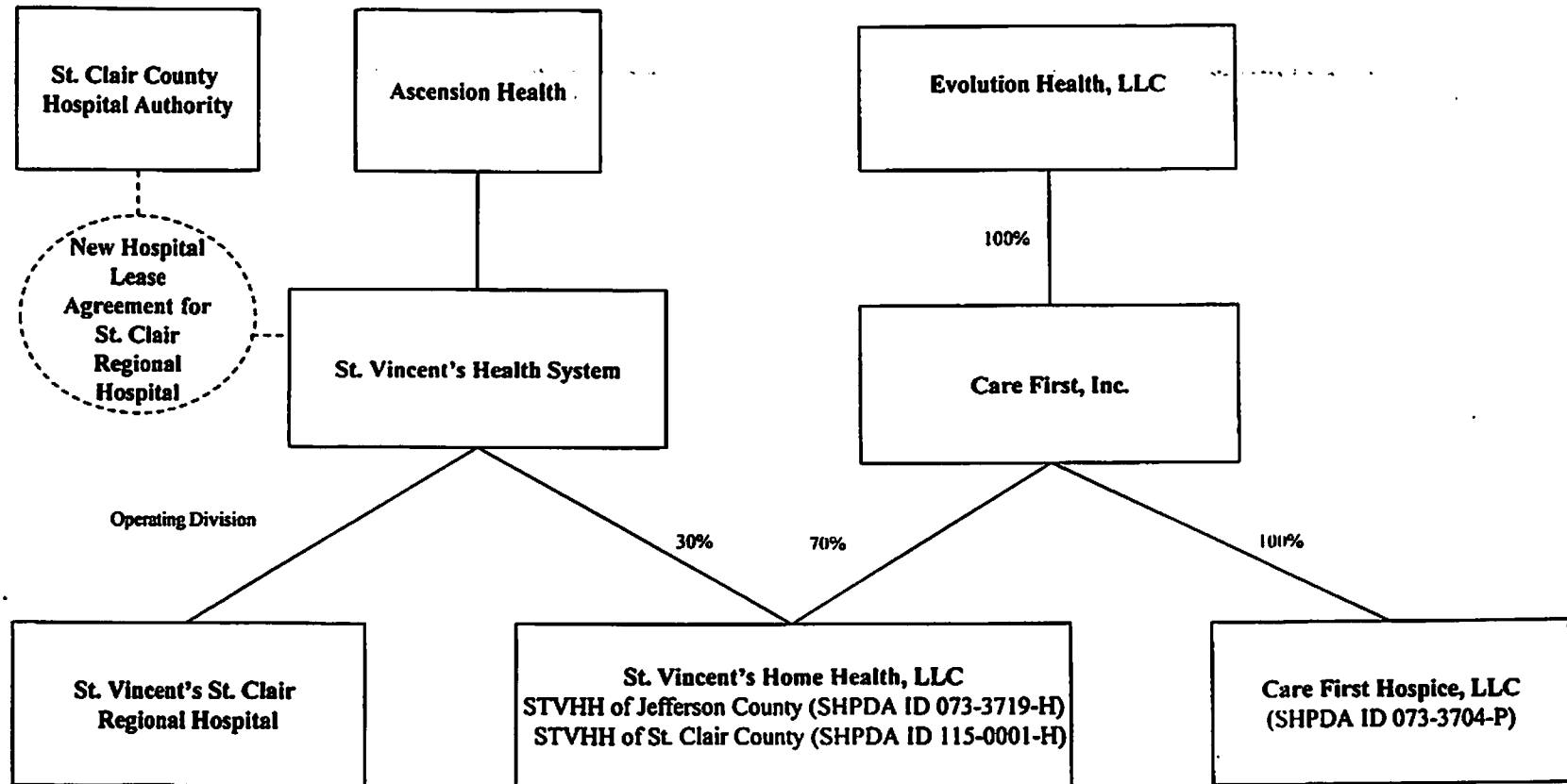
CED

12-15-14

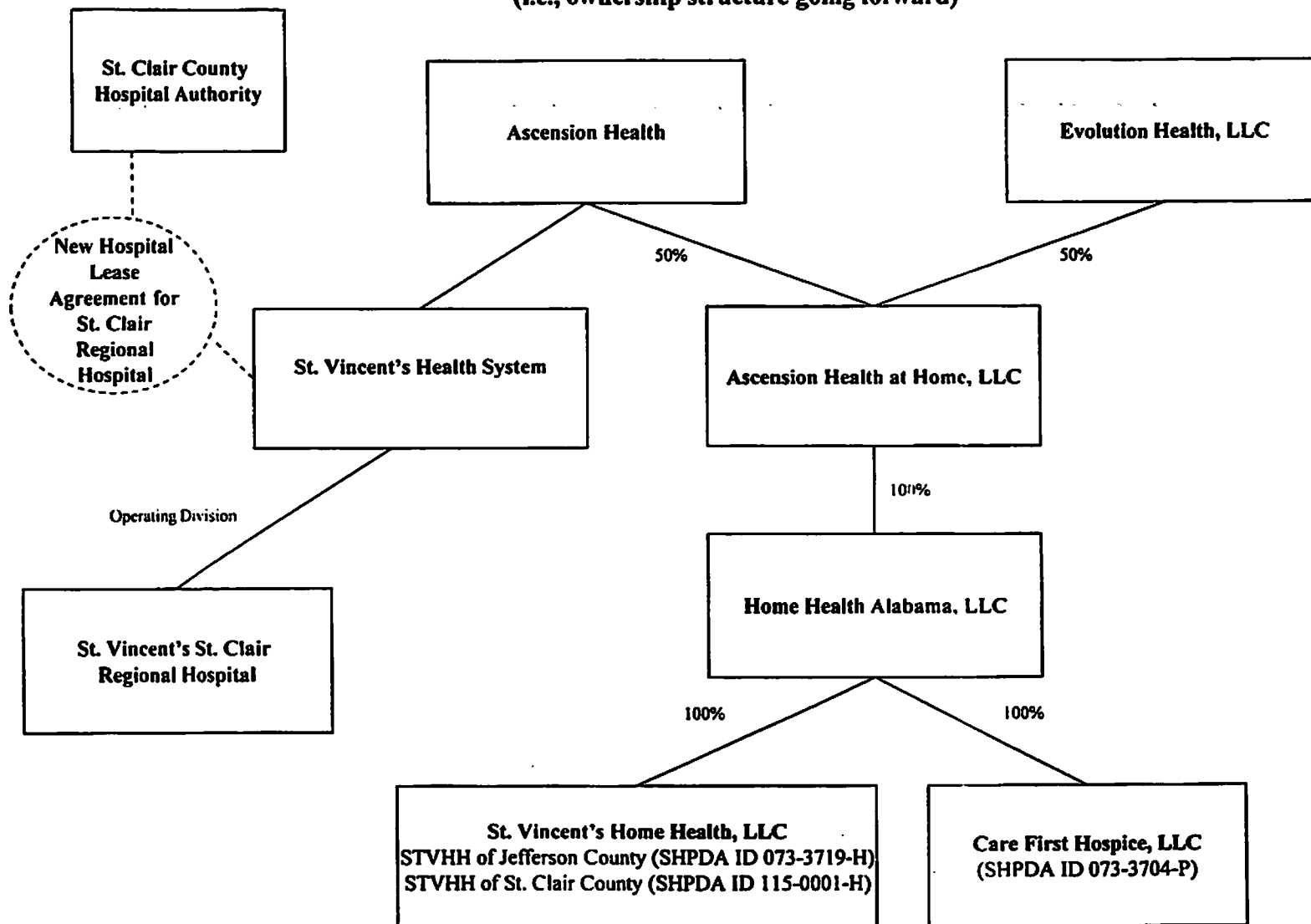
**EXHIBIT A**  
**CURRENT OWNERSHIP STRUCTURE**



**EXHIBIT B**  
**OWNERSHIP STRUCTURE AFTER STEP 1 OF THE TRANSACTION**



**EXHIBIT C**  
**OWNERSHIP STRUCTURE AFTER STEP 2 OF THE TRANSACTION**  
(i.e., ownership structure going forward)



# hp LaserJet 4250 printers



Job storage status page

1

**Error:** Unable to store job at printer

**Reason:** Insufficient disk space for this job

**Solution:** Delete some files from the disk before resending this job.