

CHANGE OF OWNERSHIP

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JUN 24 2015

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

Part I: Purchasing Organization Information

Name of Organization: TPC of Blount County, Alabama, Inc.

Facility Name:
(ADPH Licensure name) Olive Home, Inc - Oneonta #2, The

SHPDA ID Number: 009-55002

Address (PO Box #): 1100 Second Avenue East

City, State, Zip, County: Oneonta, AL 35121 Blount

Number/Type Licensed Beds: 18/SCALE

Owner(s): TPC of Blount County, Alabama, Inc.

Operator(s): TPC of Blount County, Alabama, Inc.

Part II: Selling Organization Information

Name of Organization: Olive Home, Inc - Oneonta #2

Address (PO Box #): 1100 Second Avenue East

City, State, Zip, County: Oneonta, AL 35121 Blount

Number/Type Licensed Beds: 18/SCALE

Owner(s): Olive Home, Inc. - Oneonta #2

Operator(s): The Olive Home

Part III: Value of Consideration

Monetary Value of Purchase: \$ 850,000 No./Type Beds: 18/SCALE

Terms of Purchase: Asset purchase - no stocks
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: 18

Types of Institutional Health Services: SCALE

List Service Area by County for Home Health Agencies: Blount

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):

Norma Skinner

Operator(s):

Norma Skinner

Title/Date:

Pres/Adm'n 6-23-15

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:

Irvin Cleveland

Title/Date:

purchaser 6-23-15

1) Financial Scope

- Total costs of assets \$850,000, existing equipment will be acquired through purchase
- Estimated annual operating costs \$283,860.00
- No new construction

2) Specialty Care Facility services will continued to be offered.

3) N/A

4) N/A

5) Asset purchase - no stocks