

Dekalb Regional Medical Center

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

- b) The financial scope of the project to include the preliminary estimate of the costs broken down by equipment, construction, and yearly operating cost;

Response: The Proposed Spin-off Transaction involves the spinning off of various health care facilities and other assets of Community Health Systems, Inc. to form a new, independent publicly traded company, Quorum Health Corporation. No consideration will be paid in connection with the Proposed Spin-off Transaction.

- c) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is the extension of a presently offered service, or whether the service is a new service);

Response: The Proposed Spin-off Transaction will not result in the offering of, the provision of, or the creation of, a new institutional health service at the Facility.

- d) Whether the proposal will include the addition of any new beds;

Response: The Proposed Transaction will not result in the addition of any beds at the Facility.

- e) Whether the assets and stock (if any) will be acquired; and

Response: As described more fully in the body of the letter to which this Exhibit C is attached, the Proposed Spin-off Transaction is merely a change in the upstream ownership structure of the Facilities. More specifically, CHSI plans to spin off ownership of certain hospitals to a newly formed company, Quorum Health Corporation. As a result, following the closing of the Proposed Spin-off Transaction, three CHSI-affiliated hospitals located in Alabama will become subsidiaries of Quorum Health Corporation. The Proposed Spin-off Transaction may occur as early as April 14, 2016.

- f) Any other information that the Executive Director shall deem necessary to insure a full understanding by the state agency.

Response: Should the Executive Director have any additional questions or requests for information, please contact Jennifer H. Clark at (205) 521-8020 or jlark@babc.com.

RECEIVED

CHANGE OF OWNERSHIP

MAR 18 2016

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**Name of Organization: Fort Payne Hospital CorporationFacility Name:
(ADPH Licensure name) Dekalb Regional Medical CenterAddress (PO Box #): Corporate Address: 4000 Meridian Boulevard, Franklin, TN 37067City, State, Zip, County: Facility Address: 400 Northwood Drive, Centre, AL 35960Number/Type Licensed Beds: N/AOwner(s): Fort Payne Hospital CorporationOperator(s): Fort Payne Hospital Corporation**Part II: Selling Organization Information**Name of Organization: Fort Payne Hospital CorporationAddress (PO Box #): Corporate Address: 4000 Meridian Boulevard, Franklin, TN 37067City, State, Zip, County: Facility Address: 400 Northwood Drive, Centre, AL 35960Number/Type Licensed Beds: N/AOwner(s): Fort Payne Hospital CorporationOperator(s): Fort Payne Hospital Corporation**Part III: Value of Consideration**Monetary Value of Purchase: Please see attached letter.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/ATypes of Institutional Health Services: Hospital ServicesList Service Area by County for Home Health Agencies: N/A

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): _____

Operator(s): _____
Title/Date: Martin G. Schweinhart 3-11-2016
Executive Vice President

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: Martin G. Schweinhart 3-11-2016
Executive Vice President