

ALABAMA

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CHANGE OF OWNERSHIP

NOV 21 2016

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Part I: Purchasing Organization Information

Name of Organization: National Health Industries, Inc.
Facility Name: Fort Payne Home Care Corporation, d/b/a DeKalb Regional Home Health
SHPDA ID Number: 049-H7093
Address (PO Box #): 1706 Glenn Blvd SW #3
City, State, Zip, County: Ft. Payne, AL 35968
Number/Type Licensed Beds: Home Health Agency
Owner(s):
Operator(s):

Part II: Selling Organization Information

Name of Organization: Community Health United Home Care, LLC
Address (PO Box #): 4000 Meridian Blvd.
City, State, Zip, County: Franklin, TN 37067-6325
Number/Type Licensed Beds: n/a
Owner(s): Community Health United Home Care, LLC
Operator(s): Community Health United Home Care, LLC

Part III: Value of Consideration

Monetary Value of Purchase: \$ No./Type Beds: N/A
Terms of Purchase: 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
List Service Area by County for Home Health Agencies:
Service area: DeKalb County (authorized via rural hospital exemption), Cherokee (contiguous), Etowah (contiguous), Jackson (contiguous)

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): N/A

Operator(s): _____

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: James A. Dietz JAMES A. DIETZ

Title/Date: Attorney 11-14-16