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RECEIVED
Sep 24 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

September 24, 2018

VIA ELECTRONIC FILING

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Ste. 870
Montgomery, AL 36130-3025

RE: BUSINESS REORGANIZATION/UPSTREAM CHANGE OF OWNERSHIP

Vaughan Regional Medical Center (175 Bed Acute Care Hospital)
1015 Medical Center Parkway
Selma, AL 36701
("VRMC")

Andalusia Health (88 Bed Acute Care Hospital)
849 South Tree Notch Street
Andalusia, AL 36420
("AH")

Dear Mr. Lambert:

We respectfully submit to the State Health Planning and Development Agency ("SHPDA") this letter as an attachment to the Notice of Change of Ownership/Control form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the "Rules").

LifePoint Health, Inc., a Delaware corporation ("LifePoint") has entered into an Agreement and Plan of Merger (the "Merger Agreement") with RegionalCare Hospital Partners Holdings, Inc. (D/B/A RCCH HealthCare Partners), a Delaware corporation ("RCCH"), and Legend Merger Sub, Inc., a Delaware corporation and wholly owned subsidiary of RCCH ("Merger Sub"), pursuant to which Merger Sub will merge with and into LifePoint (the "Merger"), with LifePoint surviving the Merger as a subsidiary of RCCH on the terms and conditions set forth in the Merger Agreement. RCCH is owned by certain funds managed by affiliates of Apollo Global Management, LLC ("Apollo").

After the Merger, Vaughan Regional Medical Center, LLC will continue to own VRMC, and Community Hospital of Andalusia, LLC will continue to own AH. There is no direct change of ownership involved in this transaction.

Therefore, with regards to the questions posed in the Change of Ownership/Control form, please note the following:

1. Services to be Offered. The contemplated transaction will not result in any new or additional services to those already being provided by either VRMC or AH. All existing services will continue to be operated by these hospitals.

2. Whether the Proposal will Include the Addition of Any New Beds. The Merger will not result in the addition of any new beds at either VRMC or AH.

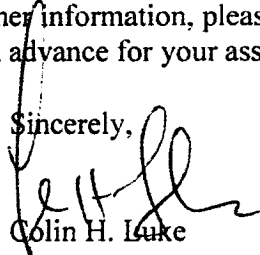
3. Whether the Proposal will Involve the Conversion of Beds. The Merger will not result in the conversion of any beds at either VRMC or AH.

4. Whether the Assets and Stock (if any) will be acquired. Through the Merger, RCCH will acquire 100% indirect ownership of VRMC and AH. After the Merger, Vaughan Regional Medical Center, LLC will continue to own VRMC, and Community Hospital of Andalusia, LLC will continue to own AH. There is no direct change of ownership involved in this transaction.

On Friday, we forwarded the check in the amount of \$2,500, pursuant to Ala. Admin. Code r. 410-1-7-.04, made payable to the Alabama State Health Planning and Development Agency, for the filing fee associated with this change of ownership/control application.

Should you have any questions or need further information, please feel free to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Sincerely,



Colin H. Luke

Enclosures

C02018-076

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Sep 26 2018

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

- Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))
 - Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))
 - Change in Facility Management (Facility Operator)
- Any transaction other than those above-described requires an application for a Certificate of Need.

(This is a Business Reorganization/Upstream Merger.)

Part I: Facility Information

SHPDA ID Number: 1015 Medical/ 039-6530050

(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Vaughan Regional Medical Center
Andalusia Health
(ADPH Licensure Name)

Physical Address: Vaughan Regional Medical Center
(175 Bed Acute Care Hospital)
1015 Medical Center Parkway
Selma, AL 36701

Andalusia Health
(88 Bed Acute Care Hospital)
849 South Tree Notch Street
Andalusia, AL 36420

County of Location: Dallas/Covington

Number of Beds/ESRD Stations: 175/88 Beds

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

Part II: Current Authority (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: See attached

Mailing Address: _____

Operator (Entity Name): _____

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

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- Business reorganization/Upstream-Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))
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Owner (Entity Name) of Facility named in Part I: See attached

Mailing Address: _____

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: See attached letter

Mailing Address: _____

Operator (Entity Name): _____

Proposed Date of Transaction is on or after: 4th Quarter of 2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ (N/A Business Reorganization-Larger Transaction)

Type of Beds: See above

Number of Beds/ESRD Stations: See above

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ N/A

Projected Total Cost: \$ N/A

On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service). **See attached cover letter.**
- 2.) Whether the proposal will include the addition of any new beds. **See attached cover letter.**
- 3.) Whether the proposal will involve the conversion of beds. **See attached cover letter.**
- 4.) Whether the assets and stock (if any) will be acquired. **See attached cover letter.**

Part V: Certification of Information

Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

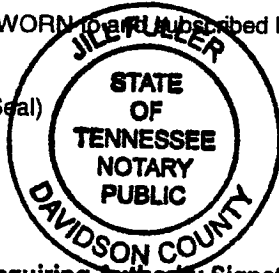
Owner(s): _____

Operator(s): Robert N. Klein _____ Robert N. Klein _____

Title/Date: President _____ President _____

SWORN to and subscribed before me, this 21 day of September, 2018.

(Seal)



Jill Fuller
Notary Public

My Commission Expires: 9/7/21

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): _____

Operator(s): Howard T. Wall, III _____

Title/Date: Executive VP, Chief Administrative Officer and Secretary

SWORN to and subscribed before me, this _____ day of September, 2018.

(Seal)

Notary Public

My Commission Expires: _____

Part V: Certification of Information

Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): _____

Operator(s) Robert N. Klein Robert N. Klein

Title/Date: President President

SWORN to and subscribed before me, this _____ day of September, 2018.

(Seal) _____
Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

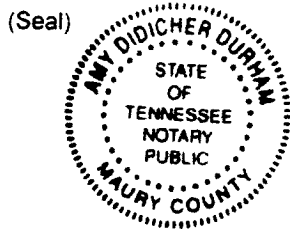
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): *Howard T. Wall, III* _____

Operator(s): Howard T. Wall, III _____

Title/Date: Executive VP, Chief Administrative Officer and Secretary

SWORN to and subscribed before me, this 24th day of September, 2018.



Amy Didcher Durkin
Notary Public

My Commission Expires: 2-28-2020

A-85

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule