

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.

Part I: Facility Information

SHPDA ID Number: 071-M0001
(This can be found at www.shpdg.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Huntsville Recovery, Inc dba Stevenson Recovery
(ADPH Licensure Name)

Physical Address: 196 County Road 85
Stevenson, AL 35772

County of Location: JACKSON

Number of Beds/ESRD Stations: 0

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

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: George & Clara Payne (Huntsville Recovery, Inc.)

Mailing Address: 196 County Road 85
Stevenson, AL 35772

Operator (Entity Name): George & Clara Payne (Huntsville Recovery, Inc.)

Part III: Acquiring Entity Information

Name of Entity: DRD Holdings, Inc.

Mailing Address: 5001 Spring Valley Road, Suite 600 East
Dallas, TX 75244

Operator (Entity Name): Stevenson Recovery

Proposed Date of Transaction is on or after: 03/01/2020

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 500,000.00

Type of Beds: N/A

Number of Beds/ESRD Stations: 0

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

Projected Equipment Cost: \$ 10,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 368,360.00

Projected Total Cost: \$ 378,360.00

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).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

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): [Signature] [Signature]

Operator(s): [Signature] [Signature]

Title/Date: [Signature] President [Signature]

SWORN to and subscribed before me, this 17 day of January, 2020.

(Seal)



[Signature]
Notary Public

My Commission Expires: 7-1-24

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.

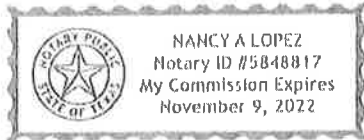
Purchaser(s): [Signature] _____

Operator(s): _____

Title/Date: CEO 1/20/2020 _____

SWORN to and subscribed before me, this 20th day of January, 2020.

(Seal)



[Signature]
Notary Public

My Commission Expires: 11-09-2022

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



**State Health Planning & Development Agency
Notice of Change of Ownership/Control Application
DRD Management, Inc. D/B/A BHG Stevenson Treatment Center**

**CHANGE OF OWNERSHIP/CONTROL
PART IV ADDENDUM**



**CHANGE OF OWNERSHIP/CONTROL
PART IV ADDENDUM**

Part IV:

- 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.)**

There will not be an extension or addition of services as a result of this change of ownership.

- 2) Whether the proposal will include the addition of any new beds.**

This change of ownership will not include an addition of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain any beds)

- 3) Whether the proposal will involve the conversion of beds.**

This change of ownership will not include a conversion of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain any beds)

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

This change of ownership will include the acquisition of assets and stock.

Jemece Gasaway, MSW, LMSW
Director of Licensing
Behavioral Health Group
5001 Spring Valley Road
Suite 600 East
Dallas, TX 75244
Direct: (214) 365-6126
Fax: (214) 365-6150
Email: Jemece.Gasaway@bhgrecovery.com
Website: www.bhgrecovery.com