

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

AL2019-012, CON2871-SCALF

SHPDA ID Number:

AL2022-004, CON2996-SCALF

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

Name of Facility/Provider:
(ADPH Licensure Name)

The Phoenix at Opelika

Physical Address:

1200 Willow View Drive

Opelika, AL 36801

County of Location:

LEE

Number of Beds/ESRD Stations:

40

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

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:

Silgen LLC

Mailing Address:

426 Nottingham Drive

Auburn, AL 36830

Operator (Entity Name):

Silgen LLC

Part III: Acquiring Entity Information

Name of Entity:

ZEJ Opelika Opco LLC

Mailing Address:

10902 Crabapple Road

Roswell, GA 30075

Operator (Entity Name): ZEJ Opelika Opco LLC

Proposed Date of Transaction is on or after: 07/01/2024

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ _____

Type of Beds: SCALF

Number of Beds/ESRD Stations: 40

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

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00

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.

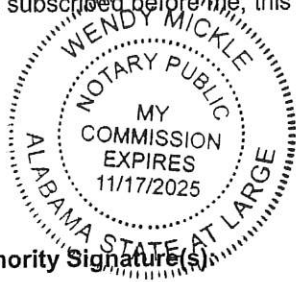
Owner(s): ZEJ LLC Sea C. Harris

Operator(s): _____

Title/Date: OWNER 6-3-2024 _____

SWORN to and subscribed before me, this 3rd day of June 2024.

(Seal)



Wendy Mickle
Notary Public

My Commission Expires: 11/17/2025

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.

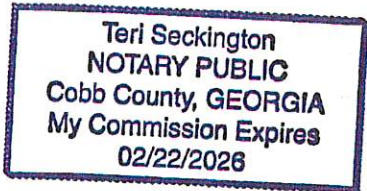
Purchaser(s): ZEJ OPELIKA OPCO LLC [Signature]

Operator(s): ZEJ OPELIKA OPCO LLC [Signature]

Title/Date: manager - 5/30/24 manager - 5/30/24

SWORN to and subscribed before me, this 30th day of May, 2024.

(Seal)



Teri Seckington
Notary Public

My Commission Expires: 02/22/2026

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



May 30, 2024

State Health Planning & Development Agency
P.O. Box 303025
Montgomery, AL 36130-3025

To whom it may concern:

As a supplemental requirement of the Notice of Change of Ownership for AL2019-012, CON2871-SCALF and AL2022-004, CON2996-SCALF please note the following:

Part IV Terms of Purchase:

Financial Scope: Projected Equipment, Construction, and Yearly Operating Costs will not exceed CON Rules and Regulations expenditure thresholds.

Additional questions as required by Part IV of Application:

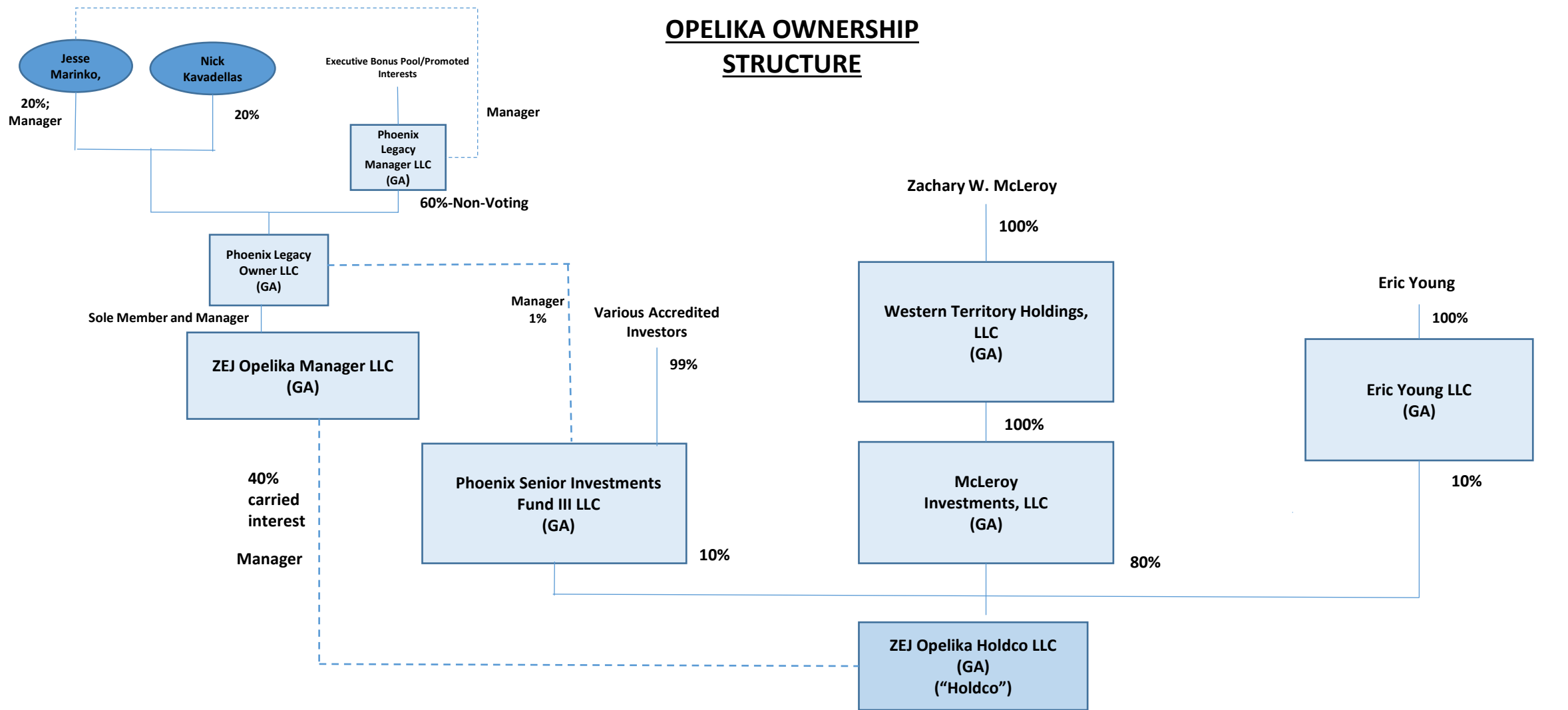
1. The applicant, ZEJ Opelika Opco LLC, will offer Senior Housing services for Cognitively impaired Residents, Memory Care/ALZ Residents.
 - a. The applicant has not previously offered these services.
 - b. New Service
2. No new beds
3. No conversion of beds
4. N/A

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Marinko".

Jesse Marinko
Manager

OPELIKA OWNERSHIP STRUCTURE



Signature Blocks (each as applicable):

ZEJ OPELIKA _____ LLC, a Georgia limited liability company

By: _____
Jesse Marinko, President

