

October 21, 2025

Via Email (shpda.online@shpda.alabama.gov)

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Change of Ownership/Control: Homestead Hospice of Cahaba, LLC SPHDA ID
No. 047-P2434A

Dear Ms. Marsal,

Please find attached a Notice of Change of Ownership/Control Form (the “**Notice**”), submitted on behalf of Homestead Hospice of Cahaba, LLC (“**Homestead Hospice**”) pursuant to the requirements of the Alabama State Health Planning and Development Agency (“**SHFDA**”). This Notice is being submitted to notify SHFDA of the planned transfer of equity ownership interest in Homestead Hospice.

Pursuant to an equity purchase agreement, Traditions Health, LLC, the ultimate owner of Homestead Hospice, will transfer 100% of the equity ownership interest of Homestead Hospice to VCG Alabama, LLC (“**VitalCaring**”) (the “**Transaction**”). The anticipated closing date of the Transaction is expected to be on or about November 10, 2025.

Terms of Purchase/Financial Scope

1. The financial scope will encompass a nominal payment which does not exceed expenditure thresholds of: (1) \$3,436,510 regarding major medical equipment; (2) \$1,373,260 regarding annual operating costs; or (3) \$6,866,313 regarding any other capital expenditure.
2. Homestead Hospice currently provides and, following the Transaction, will continue to provide hospice services in patients’ homes. The Transaction will not result in any new or additional services other than these in-home hospice services currently provided by Homestead Hospice.
3. Homestead Hospice does not currently utilize any “beds” as an in-home hospice provider and the Transaction will not result in the addition or conversion of any “beds.”
4. As noted above, the Transaction will involve the transfer of 100% of the equity ownership from Traditions Health, LLC to VitalCaring. A pre and post organizational chart is enclosed with this Notice.

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Payment of the change of ownership fee in the amount of \$2,500 has been made concurrent with this Notice via check sent via next day FedEx. Upon approval of SHPDA, the parties intend to proceed closing the Transaction.

Please contact me at (804) 775-7750 or wlanda@mcguirewoods.com if you have any questions or need any additional information in connection with this review.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Clayton Landa". The signature is fluid and cursive, with the first name "W." and last name "Landa" being the most prominent parts.

W. Clayton Landa

Enclosures

November 4, 2025

Via Email (shpda.online@shpda.alabama.gov)

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Change of Ownership/Control: Homestead Hospice of Cahaba, LLC SPHDA ID
No. 047-P2434

Dear Ms. Marsal,

In response to the Alabama State Health Planning and Development Agency's ("***SHFDA***") October 31, 2025 written response to the Notice of Change of Ownership/Control Form (the "***Notice***"), submitted on behalf of Homestead Hospice of Cahaba, LLC ("***Homestead Hospice***"), please see the updated page of the Notice confirming the SHFDA ID number as requested.

Further, in response to SHFDA's request to verify and include each level of the pre-closing ownership structure, please see the enclosed pre-closing structure chart.

Please contact me at (804) 775-7750 or wlanda@mcguirewoods.com if you have any questions or need any additional information in connection with this review.

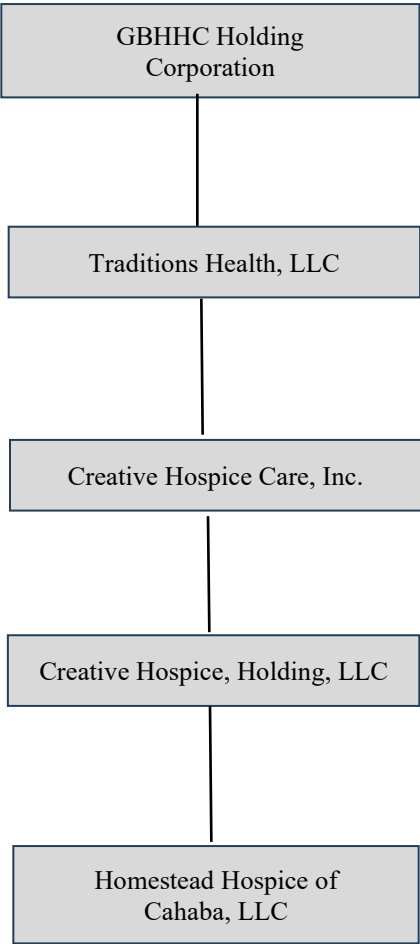
Sincerely,



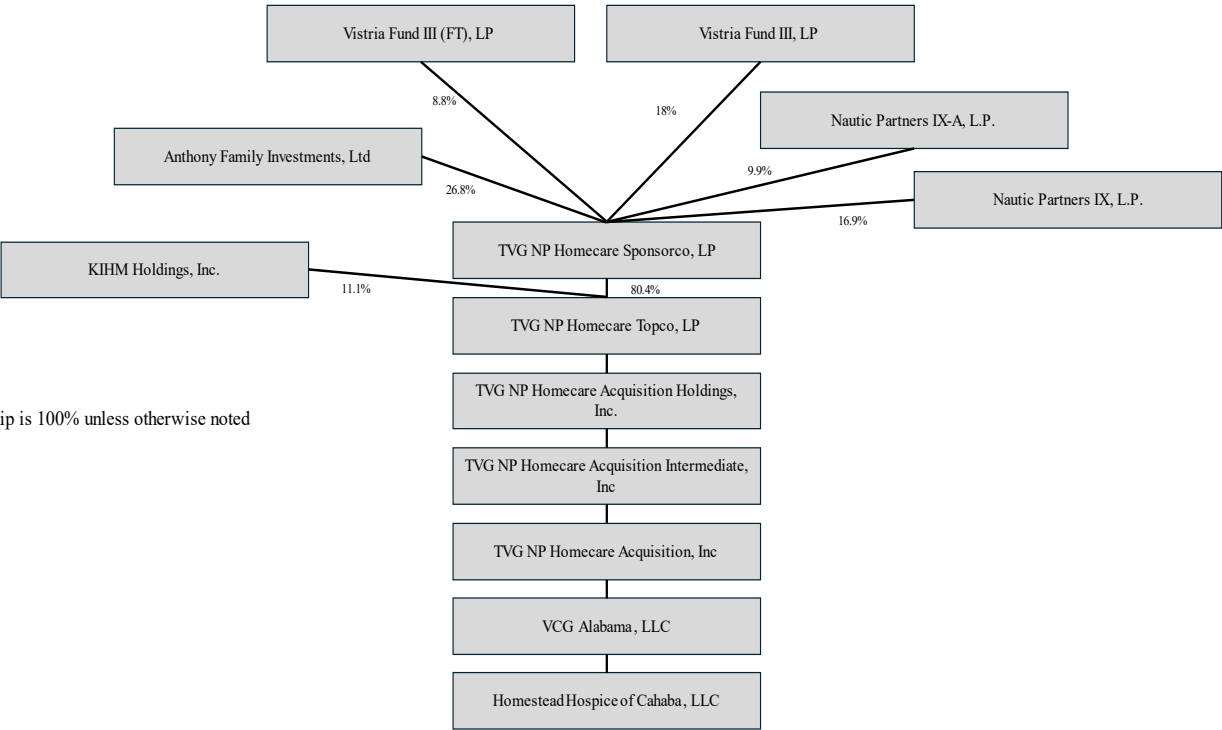
W. Clayton Landa

Enclosures

Pre-Closing Structure



Post-Closing Structure



Ownership is 100% unless otherwise noted

Nov 04 2025

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: 047-P2434
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: HOMESTEAD HOSPICE OF CAHABA, LLC
(ADPH Licensure Name)

Physical Address: 3005 CITIZENS PKWY
SELMA, AL 36701

County of Location: DALLAS

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. AUTAUGA, CHILTON, DALLAS, HALE, LOWNDES, WILCOX PERRY

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: Homestead Hospice of Cahaba, LLC

Mailing Address: 6840 CAROTHERS PKWY, SUITE 550
FRANKLIN, TN 37067

Operator (Entity Name): HOMESTEAD HOSPICE OF CAHABA, LLC

Part III: Acquiring Entity Information

Name of Entity: Homestead Hospice of Cahaba, LLC

Mailing Address: 6840 Carothers PKWY, Suite 550
Franklin, TN 37067

Operator (Entity Name): HOMESTEAD HOSPICE OF CAHABA, LLC

Proposed Date of Transaction is
on or after: 11/10/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 2,750,000.00

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: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 3,500,000.00 (current operating expenses)

Projected Total Cost: \$ 3,500,000.00 (current operating expenses)

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.

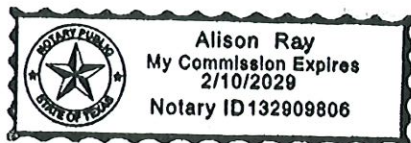
Owner(s):  Ashley Pool

Operator(s): _____

Title/Date: Vice President 10/21/2025

SWORN to and subscribed before me, this 2st day of October, 2025.

(Seal)



Notary Public

My Commission Expires: 02/10/2029**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):

Chris Walker

Operator(s):

Title/Date:

Chief Financial and Administrative Officer

10/21/2025SWORN to and subscribed before me, this 21st day of October, 2025.

(Seal)



Notary Public

My Commission Expires: 9/26

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule