

August 8, 2018

VIA FEDERAL EXPRESS

Alva M. Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36130

Re: Change of Ownership Determination Request

Dear Mr. Lambert:

Pursuant to Section 410-1-7-.04 of the Rules and Regulations of the State Health Planning and Development Agency (the "SHPDA Rules"), please find enclosed change of ownership documentation for the transfer of all of the assets of Community Hospice of Baldwin County ("Hospice") from its current owner, Community Senior Life, Inc. ("Senior Life"), to a wholly-owned subsidiary, Community Hospice of Baldwin County, LLC ("CHBC"). The contemplated transaction will be made in compliance with all applicable requirements.

As specifically required by Section 410-1-7-.04(3), you are hereby notified of the following:

(a) Financial Scope of Project. There will be no purchases of medical equipment, capital expenditures, or new annual operating costs in excess of the spending thresholds set forth in ALA. CODE § 22-21-264(a)(2);

(b) Services to be Offered. It is contemplated that no new health services will be offered as a result of the transaction;

(c) New Beds. The contemplated transaction does not include the addition of any new beds;

(d) Conversion of Beds. The contemplated transaction does not involve the conversion of any beds; and

(e) Nature of the Transaction. The contemplated transaction involves the transfer of all of the assets of Hospice from Senior Life to CHBC.

Also, please find enclosed a check in the amount of \$2,500 for the filing fee for the application as required under the SHPDA Rules. Please let us know if you would like any additional documentation to be submitted in connection with this request.

Sincerely,



Lauren C. DeMoss

Aug 09 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**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: 003-P2353
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Community Hospice of Baldwin County (Home location with Bay Minette Branch)
 (ADPH Licensure Name)

Physical Address: 1450 N. McKenzie Street
Foley, AL 36535

County of Location: Baldwin

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Baldwin County, Mobile County and Escambia County

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: Community Senior Life, Inc.

Mailing Address: 25819 Canal Road
Orange Beach, AL 36561

Operator (Entity Name): Community Senior Life, Inc.

Part III: Acquiring Entity Information

Name of Entity: Community Hospice of Baldwin County, LLC

Mailing Address: 25819 Canal Road
Orange Beach, AL 36561

Operator (Entity Name): Community Hospice of Baldwin County, LLC

Proposed Date of Transaction is on or after: August 31, 2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$0

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

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 0

Projected Total Cost: \$ 0

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):

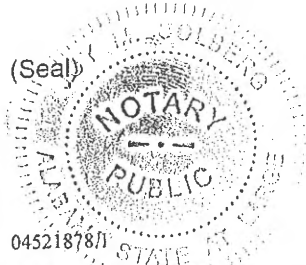
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Community Senior Life, Inc. Dan McClary, CFO

Operator(s): Community Senior Life, Inc. Dan McClary, CFO

Title/Date: _____ August 7, 2018

SWORN to and subscribed before me, this 7th day of Aug, 2018.



A-84

Alan M. Solberg
Notary Public

My Commission Expires: 7-29-21

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): Community Hospice of Baldwin County, LLC

Dan McClary, CFO

Operator(s): Community Hospice of Baldwin County, LLC

Dan McClary, CFO

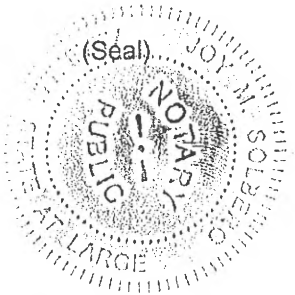
Title/Date: _____

August 7, 2018

SWORN to and subscribed before me, this 7th day of Aug., 2018.

Joy M. Solbeny
Notary Public

My Commission Expires: 7-29-21



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

August 8, 2018

RECEIVED

Aug 09 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

VIA FEDERAL EXPRESS

Alva M. Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36130

Re: Change of Ownership Determination Request

Dear Mr. Lambert:

Pursuant to Section 410-1-7-.04 of the Rules and Regulations of the State Health Planning and Development Agency (the "SHPDA Rules"), please find enclosed change of ownership documentation for the transfer of 100% of the membership interests in Community Hospice of Baldwin County, LLC ("CHBC") to Peoples Healthcare, LLC and Tim Buttell (collectively, the "Buyer"). The contemplated transaction will be made in compliance with all applicable requirements.

As specifically required by Section 410-1-7-.04(3), you are hereby notified of the following:

(a) Financial Scope of Project. There will be no purchases of medical equipment, capital expenditures, or new annual operating costs in excess of the spending thresholds set forth in ALA. CODE § 22-21-264(a)(2);

(b) Services to be Offered. It is contemplated that no new health services will be offered as a result of the transaction;

(c) New Beds. The contemplated transaction does not include the addition of any new beds;

(d) Conversion of Beds. The contemplated transaction does not involve the conversion of any beds; and

(e) Nature of the Transaction. The contemplated transaction involves the transfer of 100% of the membership interests in CHBC to Buyer.

Also, please find enclosed a check in the amount of \$2,500 for the filing fee for the application as required under the SHPDA Rules. Please let us know if you would like any additional documentation to be submitted in connection with this request.

Sincerely,



Lauren C. DeMoss

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: 003-P2353
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Community Hospice of Baldwin County (Home Location with Bay Minette Branch)
 (ADPH Licensure Name)

Physical Address: 1450 N. McKenzie Street
Foley, AL 36535

County of Location: Baldwin

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Baldwin County, Mobile County, and Escambia County

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: Community Hospice of Baldwin County, LLC

Mailing Address: 25819 Canal Road
Orange Beach, AL 36561

Operator (Entity Name): Community Hospice of Baldwin County, LLC

Part III: Acquiring Entity Information

Name of Entity: Peoples Healthcare, LLC / Tim Buttell

Mailing Address: 1132 Floyd Street
Covington, Georgia 30014

Operator (Entity Name): Community Hospice of Baldwin County, LLC

Proposed Date of Transaction is on or after:

August 31, 2018

Part IV: Terms of Purchase

Monetary Value of Purchase:

Purchase price based on formula calculated at closing, but current estimate is approximately \$2,300,000

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

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 0

Projected Total Cost: \$ 0

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): Community Hospice of Baldwin County, LLC

Dan McDay, CFO

Operator(s): Community Hospice of Baldwin County, LLC

Dan McDay, CFO

Title/Date:

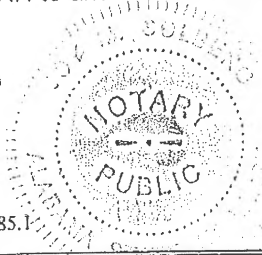
August 7, 2018

SWORN to and subscribed before me, this 7th day of Aug., 2018.

(Seal)

A-84

[Signature]
Notary Public



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): Community Hospice of Baldwin County, LLC

[Signature]

Operator(s): Community Hospice of Baldwin County, LLC

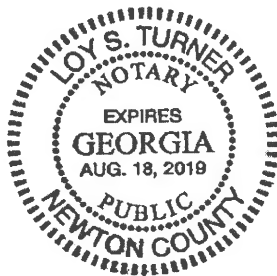
[Signature]

Title/Date: MEMBER, MANAGER

8-8-18

SWORN to and subscribed before me, this 8 day of August, 2018.

(Seal)



[Signature]
Notary Public

My Commission Expires: 8/18/2019

Author: Alva M. Lambert

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

History: New Rule