

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: 101 - N5112
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Blue Ridge Healthcare Camellia
(ADPH Licensure Name)

Physical Address: 1300 E South Blvd.
Montgomery, AL 36116

County of Location: Montgomery

Number of Beds/ESRD Stations: 102 - certified skilled nursing

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: South Montgomery AL SNF Realty LLC

Mailing Address: 1300 E South Blvd.
Montgomery, AL 36116

Operator (Entity Name): Blue Ridge Healthcare Camellia LLC

Part III: Acquiring Entity Information

Name of Entity: 1300 East South LLC

Mailing Address: 1300 E South Blvd.
Montgomery, AL 36116

Operator (Entity Name): LongLeaf Health & Rehab LLC

Proposed Date of Transaction is on or after: 11/01/2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 100

Type of Beds: 102

Number of Beds/ESRD Stations: Skilled Nursing Facility beds

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: \$ 700,000

Projected Total Cost: \$ 700,000

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): South Montgomery AL SNF Realty LLC

[Handwritten Signature]

Owner entity's representative: Aaron Friedman

Operator(s): N/A

N/A

Title/Date: Title: Manager

Date of signature: ✓ 9/20/19

SWORN to and subscribed before me, this 20 day of September, 2019.

(Seal)



Wendy Stenhouse
Notary Public Commissioner for Oaths

My Commission Expires: 2020-09-03

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): _____

Title/Date: _____

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

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert

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

History: New Rule

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): _____ N/A _____

Operator(s): Blue Ridge Healthcare Camellia LLC ✓ N/A
 Operator entity's representative: Levi Rudd
 Title/Date: Title: Managing Member _____
 Date of signature: ✓ 9/20/19

SWORN to and subscribed before me, this 20th day of September, 2019.

(Seal)  **Johanna Loffredo**
COMMISSION # GG232791
EXPIRES: Oct. 23, 2022
Bonded Thru Aaron Notary

Johanna Loffredo
 Notary Public
 My Commission Expires: Oct 23, 2022

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): _____

Title/Date: _____

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

(Seal) _____
 Notary Public
 My Commission Expires: _____

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

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

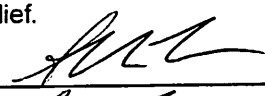
(Seal)


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): _____ Shalom Lerner _____ 

Operator(s): _____ Shalom Lerner _____ 

Title/Date: Member _____ 09/06/19 _____

SWORN to and subscribed before me, this 6 day of Sept, 2019.

(Seal)

LEAH HOROWITZ
Notary Public, State of New York
Reg. No. 01H06367811
Qualified in Kings County
Commission Expires 11/27/21

Notary Public

My Commission Expires: 11/27/21

Author: Alva M. Lambert

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

History: New Rule

Alabama State Health Planning & Development Agency

CHANGE OF OWNERSHIP

Part IV: Terms of Purchase - Attachment

1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. The proposed transaction will be a sale of assets (real property, personal property, equipment and operational control), not stock. The real property will be acquired by 1300 East South LLC. The operations will be transferred to LongLeaf Health & Rehab LLC. There will be a new lease agreement executed between 1300 East South LLC and LongLeaf Health & Rehab LLC once the transaction has occurred.

Note:

- A. This proposed transaction was negotiated as part of a purchase of 7 Alabama skilled nursing facilities (Blue Ridge) and the purchase price of this facility has been allocated as \$100.
- B. The projected yearly operating costs of \$700,000 represent amounts which are consistent with current operating costs and no substantial increases are expected at this time.