

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: 097-S4916
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: LSREF Golden Ops 26 (AL), LLC
 (ADPH Licensure Name) dba Knollwood Pointe

Physical Address: 5601 Girby Road
Mobile, Alabama 36693

County of Location: Mobile

Number of Beds/ESRD Stations: 32

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: LSREF Golden Ops 26 (AL), LLC

Mailing Address: 3500 Lenox Road NE, Suite 510
Atlanta, Georgia 30326

Operator (Entity Name): LSREF Golden Ops 26 (AL), LLC

Part III: Acquiring Entity Information

Name of Entity: LSREF Golden Ops 26 (AL), LLC (no change)

Mailing Address: 3500 Lenox Road NE, Suite 510
Atlanta, Georgia 30326

Operator (Entity Name): LSREF Golden Ops 26 (AL), LLC (no change)

Proposed Date of Transaction is on or after: January 1, 2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 4,600,000

Type of Beds: SCALF

Number of Beds/ESRD Stations: 32

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: \$ 1,800,000

Projected Total Cost: \$ 1,800,000



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

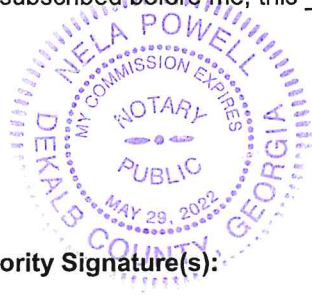
Current Authority Signature(s):

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

Owner(s):	<u></u>	<u>Stephanie Hamner</u>
Operator(s):	<u></u>	<u>Stephanie Hamner</u>
Title/Date:	<u>Manager</u>	<u>11/11/21</u>

SWORN to and subscribed before me, this 17th day of November, 2021.

(Seal)



Nela Powell
Notary Public

My Commission Expires: 5.29.22

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.

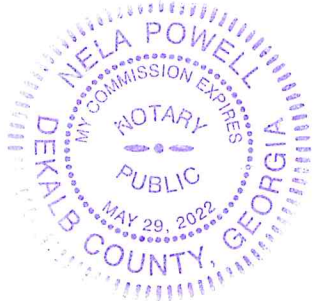
Purchaser(s): SHA

Operator(s): SHA

Title/Date: Manager 11/11/21

SWORN to and subscribed before me, this 17th day of November, 2021.

(Seal)



Nela Powell
Notary Public

My Commission Expires: 5.29.22

Author: Alva M. Lambert

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

History: New Rule

Responses to Application Questions 1 through 4

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).

The Applicant has previously offered the services and the services offered will not change.

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

The proposal will not include the addition of any new beds.

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

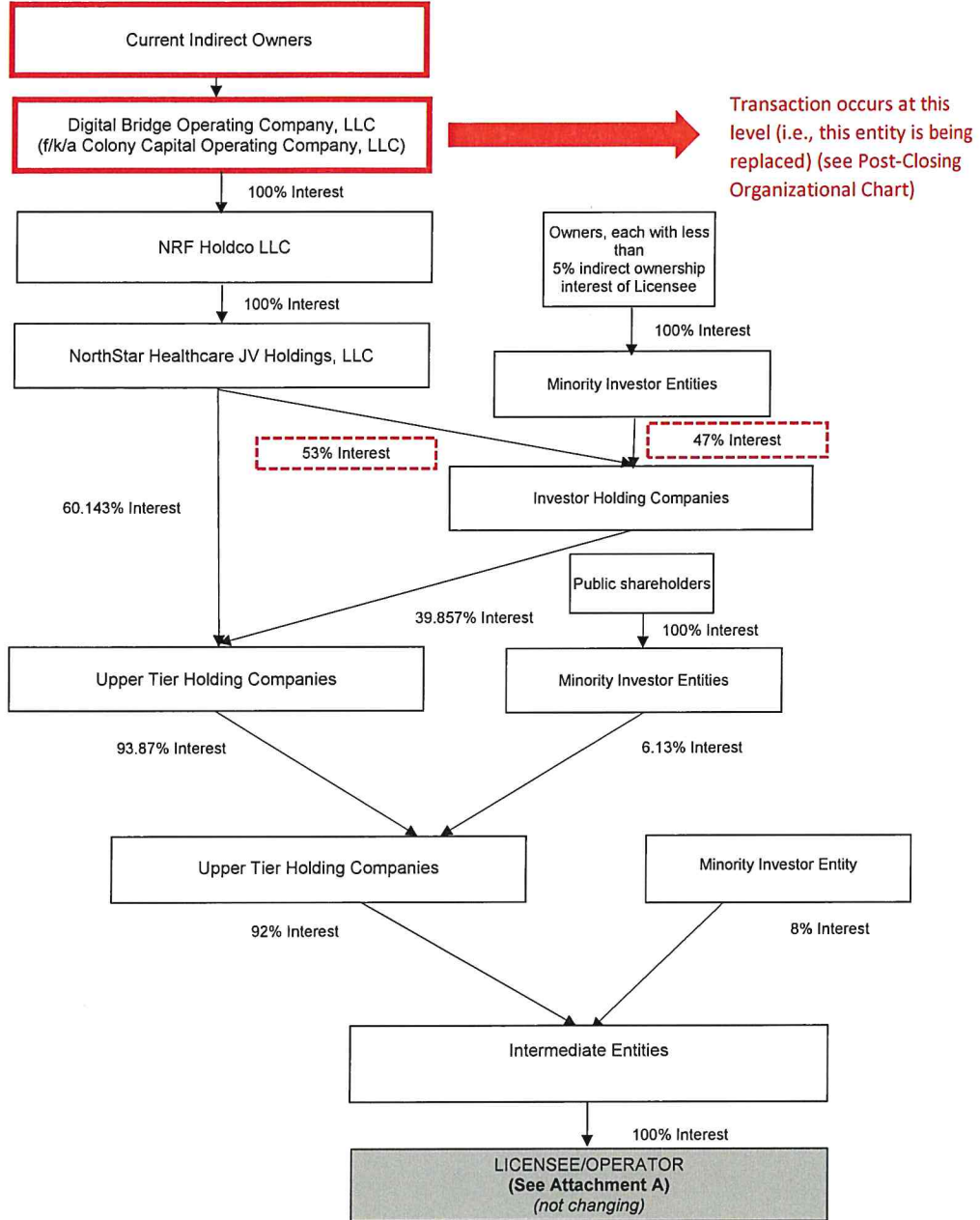
The proposal will not involve the conversion of beds.

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

The transaction involves a change of indirect owners as a result of a stock transfer.

**ATTACHMENT B
Ownership Diagram**

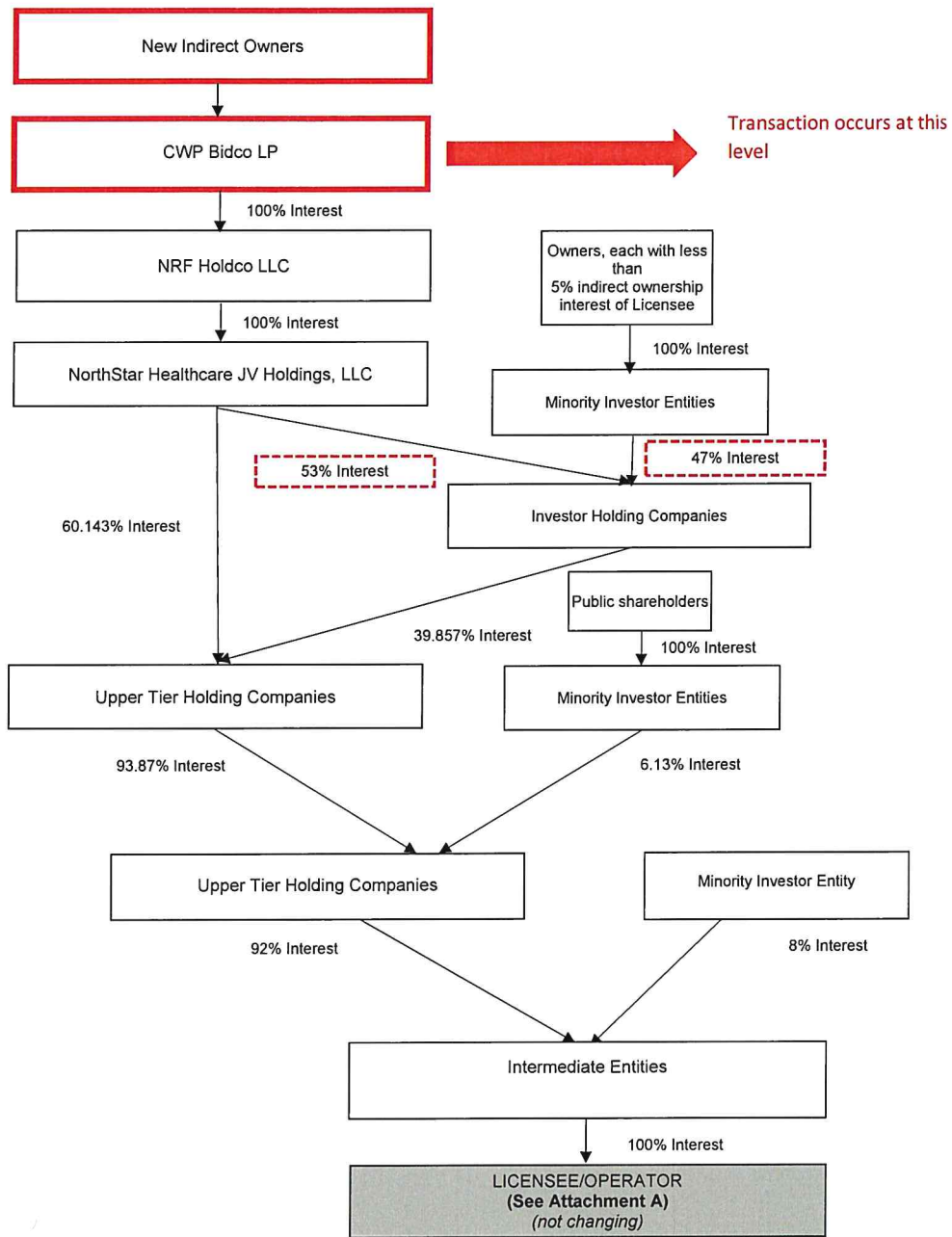
Pre-Closing Organizational Chart



Key:
 Entities Not Impacted by Transaction: _____
 Transaction Level: _____
 Interests May Change Immediately Post-Closing: - - - - -

**ATTACHMENT B
Ownership Diagram**

Post-Closing Organizational Chart



Key:
 Entities Not Impacted by Transaction: _____
 Transaction Level: _____
 Interests May Change Immediately Post-Closing: - - - - -

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
Montgomery AL 36130-3025
(334)242-4109
bradford.williams@shpda.alabama.gov
OTC Local Ref ID: 65185338
11/12/2021 02:27 PM

Status: **APPROVED**
Customer Name: Purchasing Card
Type: Visa
Credit Card Number: **** * 4057

Items	Quantity	TPE Order ID	Total Amount
Change of Ownership	1	79013962	\$2,500.00
Applicant Name: LSREF Golden Ops 26 (AL), LLC SHPDA ID 097-S4916			
Filing Date: 11/12/2021			
Phone Number: 404.873.8598			
Email Address: alex.foster@agg.com			
Total remitted to the SHPDA			\$2,500.00
Alabama total amount charged			\$2,588.50