Jun 09 2022 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.

Part I: Facility Information				
SHPDA ID Number:	073-53702			
(This can be found at www.shpda.alabame Name of Facility/Provider: (ADPH Licensure Name)	Holly Cottage at Country Cottage	i		
Physical Address:	4000 Greenwood Drive	4000 Greenwood Drive		
	Hoover, AL 35216			
County of Location:	JEFFERSON	~		
Number of Beds/ESRD Stations:	16			
	Face of the second seco			
	(Note: If this transaction will result in under ALA. CODE § 22-20-271(e), please a sed structures.)			
ownership or control, as defined charts outlining current and propo	under ALA. CODE § 22-20-271(e), please a			
ownership or control, as defined charts outlining current and proportion (Entity Name) of Facility named in Part I:	under ALA. CODE § 22-20-271(e), please a structures.)			
ownership or control, as defined charts outlining current and proportion (Entity Name) of Facility named in Part I:	under ALA. CODE § 22-20-271(e), please a sed structures.) Cottages Hoover, LLC			
ownership or control, as defined charts outlining current and proportion of Facility named in Part I: Mailing Address:	under ALA. CODE § 22-20-271(e), please a seed structures.) Cottages Hoover, LLC 1355 Lynnfield Rd, Suite 110	attach organizationa		
ownership or control, as defined charts outlining current and proportion of Facility named in Part I: Mailing Address: Operator (Entity Name):	under ALA. CODE § 22-20-271(e), please a sed structures.) Cottages Hoover, LLC 1355 Lynnfield Rd, Suite 110 Memphis, TN 38119 Hickory Senior Living Manageme	attach organizationa		
ownership or control, as defined charts outlining current and proportion of Facility named in Part I: Mailing Address: Operator (Entity Name): Part III: Acquiring Entity In	under ALA. CODE § 22-20-271(e), please a sed structures.) Cottages Hoover, LLC 1355 Lynnfield Rd, Suite 110 Memphis, TN 38119 Hickory Senior Living Manageme	attach organizationa		
ownership or control, as defined	under ALA. CODE § 22-20-271(e), please a sed structures.) Cottages Hoover, LLC 1355 Lynnfield Rd, Suite 110 Memphis, TN 38119 Hickory Senior Living Management	attach organizationa		

Operator (Entity Name):	Hickory Senior Liv	ring Management, LLC
Proposed Date of Transaction is on or after:	06/09/2022	
Part IV: Terms of Purchase		
Monetary Value of Purchase:	\$ 0.00	
Type of Beds:	0	
Number of Beds/ESRD Stations:		16
Financial Scope: to Include Prelimi Construction, and Yearly Operating Co		Cost Broken Down by Equipment,
Projected Equipment Cost:	\$ 0.00	
Projected Construction Cost:	\$ 0.00	
Projected Yearly Operating Cost	315,668.00	
Projected Total Cost:	\$ 315,668.00	
On an Attached Sheet Please	Address the Foll	owing:
1.) The services to be offered by the poffered the service, whether the service the service is a new service).		
2.) Whether the proposal will include the	ne addition of any new	beds.
3.) Whether the proposal will involve the	ne conversion of beds.	
4.) Whether the assets and stock (if ar	y) will be acquired.	
Part V: Certification of Information	ation	
Current Authority Signature(s):		
The information contained in this notifibelief.	cation is true and corre	ect to the best of my knowledge and
Owner(s):		
Operator(s):		
Title/Date: President	E19/22	

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 _____

Notary Public

My Commission Expires:

1006-16-24

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):

(Seal)

Operator(s):

Title/Date:

President/ 6/

SWORN to and subscribed before me, this

and June

(Seal)

Notary Public

My Commission Expires:

0-16-24

STATE
OF STA

COTTAGES HOOVER, LLC 1355 Lynnfield Rd, Suite 110 Memphis, TN 38119

May 26, 2022

Mr. Bradford Williams
Health Planning Administrator
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, AL 36104

Re: SCALF Change of Ownership - Holly Cottage at Country Cottage

Dear Mr. Williams:

Pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the "Rules"), we respectfully submit the attached Notice of Change of Ownership. The Change of Ownership involves a 16-bed specialty care assisted living facility located in Hoover, Alabama, and known as Country Cottage Magnolia Cottage (the "Facility"). Following is a summary of the proposed transaction:

I. Current Owner / Scope of Transaction.

- 1. The Facility is currently owned by Cottages Hoover, LLC ("Current Owner").
- Current Owner is transferring its interest to another wholly owned subsidiary, Cottages SCALF, LLC. The parent company and all control is the entity that holds the license but both the Current Owner and Cottages SCALF, LLC are wholly owned by the same entity
- The resulting "change in control" requires notification to your agency pursuant to ALA. ADMIN. CODE §410-1-7-.04(1).
- The change in control of the Facility will be documented by the enclosed executed change of ownership form.

Financial Scope of Project.

Given this is an internal transfer under the same parent company there is no value contemplated.

III. Services to be Offered.

 No New Services: The transaction does not involve the offering of any new services by the Facility.

IV. Beds.

- New Beds: The proposed transaction does not involve any addition or reduction of beds.
- Conversion of Beds: The proposed transaction does not involve the conversion of beds.

IV. Stock and Assets.

 This is an internal transfer under the same parent entity and thus no transfer of stock is occurring.

Based on the above showing that there has been no (i) change in health service, (ii) spending in excess of the spending thresholds, (iii) conversion of beds or (iv) increase in bed capacity we respectfully ask that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a CON or other action by SHPDA is not required for the consummation of the above-described proposed transaction. In accordance with the Rules, I attach an executed change of ownership form, and the required fee in the amount of \$2,500.00. The transaction closed on March 13th, 2022.

Should you have any questions or need further information, please contact me at 901-531-7143 or via email at jcurtis@hslholdings.com

Sincerely,

John H Curtis III

President- Hickory Senior Living

Enclosures

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025 Montgomery AL 36130-3025 (334)242-4109 bradford.williams@shpda.alabama.gov OTC Local Ref ID: 70673142 5/26/2022 04:19 PM

Status:

APPROVED

Customer Name:

John H Curtis

Type:

Visa

Credit Card Number:

**** **** 1544

Iten	ns Quantity	TPE Order ID	Total Amount
Change of Ownership	1	84193758	\$2,500.00
Applicant Name: Cottages :	SCALF LLC -Magne	olia	
Filing Date: 05262022			
Phone Number: 901531714	43		
Email Address: jcurtis@hsl	holdings.com		
Change of Ownership	1	84193758	\$2,500.00
Applicant Name: Cottages 5	SCALF LLC Holly		
Filing Date: 05262022			
Phone Number: 901531714	13		
Email Address: jcurtis@hsl	holdings.com		
Total remitted to the SHPDA			\$5,000.00
Alabama total amount charg	ed		\$5,176.00

ASSIGNMENT

THIS ASSIGNMENT is effective as of the 13th day of May 2022, between New Cottages, LLC, a Delaware Limited Liability Company, and Cottages Hoover, LLC an Alabama Limited Liability Company and Cottages SCALF, LLC ("SCALF"), an Alabama Limited Liability Company.

WITNESSETH

WHEREAS Hoover and SCALF are each a wholly owned subsidiary of New Cottages, LLC; and,

WHEREAS Hoover is the sole owner of the Certificate of Needs described as follows:

Certificate of Need – 1753-SCALF; Date Issued: February 28,2001; Project Number AL 2001-025 – Conversion of an "existing 16-bed assisted living facility to a 16-bed specialty care assisted living facility;"

Issued to Greenwood Assisted Living Facility Building II; and

Certificate of Need – 2626-SCALF; Date Issued: July 5, 2013; Project Number AL2013-020 – Conversion of "(16) existing assisted living facility (ALF) beds to sixteen (16) specialty care assisted living facility (SCALF) beds"; Issued to Country Cottage – Hoover, LLC.

Certificate of Need - 2626-SCALF-MOD1; Date Issued: July 5, 2013

Project Number AL2013-020 — Conversion of "(16) existing assisted living facility (ALF) beds to sixteen (16) specialty care assisted living facility (SCALF) beds". The project modification increases the total project costs from \$349,300.00 to \$444,845.18."

Issued to Country Cottage - Hoover, LLC; and

WHEREAS Hoover desires to transfer to SCALF all of Hoover's right, title, and interest in and to said CON's.

NOW THEREFORE, Hoover does hereby convey, assign, and transfer unto SCALF all of its right, title, and interest in and to the aforementioned CON's.

IN WITNESS WHEREOF, the parties have duly executed this Assignment as of the date set forth above.

ISIGNATURE PAGE TO FOLLOW.

NEW COTTAGES, LLC, By its sol member, Cottages Hoover, LLC by its sole member HSL Holdings TN, LLC,

John H Curtis III, President

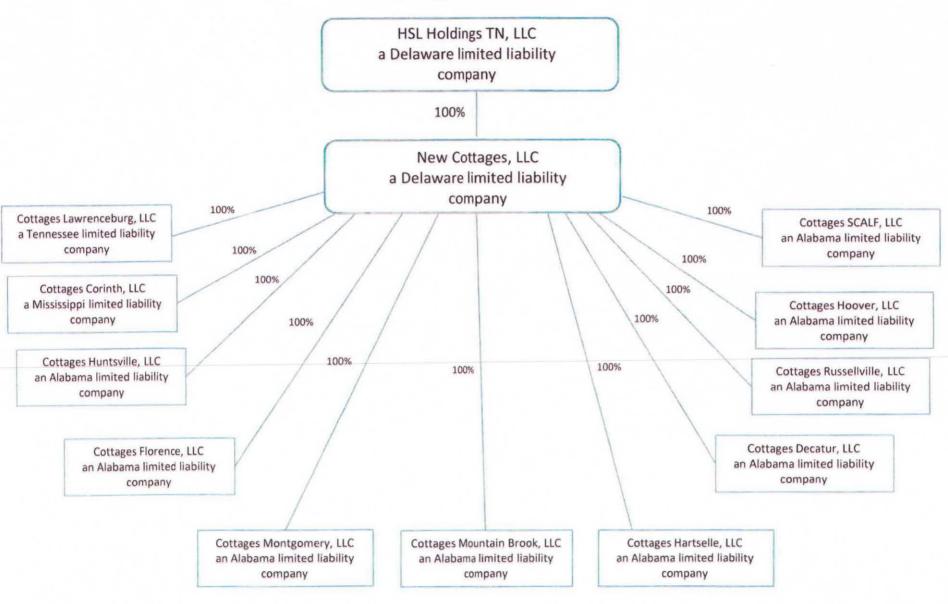
COTTAGES SCALF, LLC,

by its sole member, Cottages Hoover, LLC by its sole member HSL Holdings TN, LLC.

Y: I W David

John H Curtis III, President

Organizational Chart Cottages Portfolio



COTTAGES HOOVER, LLC 1355 Lynnfield Rd, Suite 110 Memphis, TN 38119

May 26, 2022

Mr. Bradford Williams
Health Planning Administrator
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, AL 36104

Re: SCALF Change of Ownership - Holly Cottage at Country Cottage

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I. Current Owner / Scope of Transaction.

- 1. The Facility is currently owned by Cottages Hoover, LLC ("Current Owner").
- 2. Current Owner is transferring its interest to another wholly owned subsidiary, Cottages SCALF, LLC. The parent company and all control are not changing. The only change is the entity that holds the license but both the Current Owner and Cottages SCALF, LLC are wholly owned by the same entity
- 3. The resulting "change in control" requires notification to your agency pursuant to ALA. ADMIN. CODE §410-1-7-.04(1).
- 4. The change in control of the Facility will be documented by the enclosed executed change of ownership form.

Financial Scope of Project.

Given this is an internal transfer under the same parent company there is no value contemplated.

III. Services to be Offered.

1. <u>No New Services</u>: The transaction does not involve the offering of any new services by the Facility.

IV. Beds.

- New Beds: The proposed transaction does not involve any addition or reduction of beds.
- Conversion of Beds: The proposed transaction does not involve the conversion of beds.

IV. Stock and Assets.

1. This is an internal transfer under the same parent entity and thus no transfer of stock is occurring.

Based on the above showing that there has been no (i) change in health service, (ii) spending in excess of the spending thresholds, (iii) conversion of beds or (iv) increase in bed capacity we respectfully ask that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a CON or other action by SHPDA is not required for the consummation of the above-described proposed transaction. In accordance with the Rules, I attach an executed change of ownership form, and the required fee in the amount of \$2,500.00. The transaction closed on March 13th, 2022.

Should you have any questions or need further information, please contact me at 901-531-7143 or via email at jcurtis@hslholdings.com

Sincerely,

John H Curtis III

President- Hickory Senior Living

Enclosures

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 Certificate of Need Hold Change in Facility Management (F	
Part I: Facility Information	
SHPDA ID Number: (This can be found at www.shpda.alabama.gov ,	073-53702 Health Care Data, ID Codes)
Name of Facility/Provider: (ADPH Licensure Name)	Holly Cottage at Country Cottage
Physical Address:	4000 Greenwood Drive
	Hoover, AL 352/6
County of Location:	CHOOSE ONE Jefferson
Number of Beds/ESRD Stations:	16
pages if necessary. Part II: Current Authority (No.	Health and Hospice Providers Only). Attach additional ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)
Owner (Entity Name) of Facility named in Part I:	Cottages Hoover, LLC
Mailing Address:	1355 Lynnfield Rd, Snite 110
Operator (Entity Name):	Memphis, TN 38119 Hickory Senior Living Management, LLC
Part III: Acquiring Entity Inform	mation
Name of Entity:	Cottages SCALF, LLC
Mailing Address:	1355 Lynnfield Rd, Suite 110
	Memphis, TN 38119

Operator (Entity Name):	Hickory Senior Living Management, UC
Proposed Date of Transaction is on or after:	May 13th, 2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$O
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	16
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, st:
Projected Equipment Cost:	\$O
Projected Construction Cost:	\$O
Projected Yearly Operating Cost:	\$O
Projected Total Cost:	\$ 0.00
On an Attached Sheet Please A 1.) The services to be offered by the proffered the service, whether the service the service is a new service).	Address the Following: oposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
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 Informat	ion
Current Authority Signature(s):	
The information contained in this notifical belief.	ition is true and correct to the best of my knowledge and
Owner(s):	
Operator(s):	
Title/Date: President	5/26/22

SWORN to and subscribed before me, this 26 day	of May, 2022
(Seal)	Notary Public
	My Commission Expires: 10-10-24
Acquiring Authority Signature(s): I agree to be responsible for reporting of all services properiod, as specified in ALA. ADMIN. CODE r. 410-1-3 notification is true and correct to the best of my knowled Purchaser(s): Operator(s):	STATE OF OF TENNESSEE PUBLISHED
Title/Date: President 5/26/2	
SWORN to and subscribed before me, this day of	of
(Seal)	Notary Public My Commission Expires: 6-16-24
	, , , , , , , , , , , , , , , , , , ,



Author: Alva M. Lambert

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

History: New Rule

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025 Montgomery AL 36130-3025 (334)242-4109 bradford.williams@shpda.alabama.gov

OTC Local Ref ID: 70673142

5/26/2022 04:19 PM

Status:

APPROVED

Customer Name:

John H Curtis

Type:

Visa

Credit Card Number:

**** **** 1544

Item	s Quantity	TPE Order ID	Total Amount
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Filing Date: 05262022			
Phone Number: 901531714	3		
Email Address: jcurtis@hslh	oldings.com		
Change of Ownership	1	84193758	\$2,500.00
Applicant Name: Cottages S	CALF LLC Holly		
Filing Date: 05262022			
Phone Number: 901531714:	3		
Email Address: jcurtis@hslh	oldings.com		
Total remitted to the SHPDA			\$5,000.00
Alabama total amount charge	d		\$5,176.00

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NEW COTTAGES, LLC, By its sol member, Cottages Hoover, LLC by its sole member HSL Holdings TN, LLC,

COTTAGES SCALF, LLC, by its sole member, Cottages Hoover, LLC by its sole member HSL Holdings TN, LLC,

Organizational Chart Cottages Portfolio

