

G. DENNIS NABORS
SHAREHOLDER
Direct Dial: 334 223

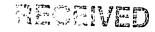
Direct Dial: 334.223-3011 Direct Fax: 334.263.0960

E-Mail Address: dnaborsr@bakerdonelson.com

614 SOUTH HULL STREET MONTGOMERY, ALABAMA 36104 PHONE: 334.262.2000

PHONE: 334.262.2000 FAX: 334.263.0960

www.bakerdonelson.com



AUG 1 8 2015

AND DEVELOPMENT AGENCY

August 18, 2015

Mr. Alva Lambert Executive Director State Health Planning and Development Agency P.O. Box 303025 Montgomery, AL 36130-3025

Re: Change of Ownership for Rittenhouse Senior Living of Hoover, LLC, a 90 bed SCALF in Jefferson County, Alabama

Dear Mr. Lambert:

Please be advised that Rittenhouse Senior Living of Hoover, LLC (Rittenhouse) is being acquired by our client, KAREP IV SL REIT, LLC. Rittenhouse is a 90 bed SCALF properly authorized and doing business in Jefferson County, Alabama in the City of Hoover. You will find enclosed the following documents:

- 1. Application/Change of ownership.
- 2. A check payable to SHPDA for \$2500.
- 3. Answers to Questions on Page 2 of the SHPDA Chow form/regulation.
- 4. A legal description of the real property

I spoke with Brad Williams last week and I think this is all that will be required but if you have any questions please do not hesitate to call.

Very Tuly Yours,

G. Dennis Nabors

CHANGE OF OWNERSHIP

Part I: Purchasing Orga	nization Information	PECEWED	
Name of Organization:	Birmingham Senior Housing 1 OPCO, LLC	AUG 1 8 2015	
Facility Name: (ADPH Licensure name)	Birmingham Senior Housing I OPCO, LLC	STATE HEALTH PLANNING WILL DEVELOR MENT AGENCY	
SHPDA ID Number:	<u>07-S3701</u>		
Address (PO Box #):	570 Southland Drive		
City, State, Zip, County:	Hoover, AL 35226, Jefferson County		
Number/Type Licensed Beds:	90 - Specialty Care Assisted Living		
Owner(s):	Senior Housing Intervening Company IV, LI	LC	
Operator(s):	Birmingham Senior Housing I OPCO, LLC		
Part II: Selling Organiza	tion Information		
Name of Organization:	Rittenhouse Senior Living of Hoover, LLC		
Address (PO Box #):	570 Southland Drive		
City, State, Zip, County:	Hoover, AL 35226, Jefferson County		
Number/Type Licensed Beds:	90 - Specialty Care Assisted Living		
Owner(s):	Windsor Healthcare Equities, LLC		
Operator(s):	Rittenhouse Senior Living of Hoover, LLC		
Part III: Value of Consid	eration		
Monetary Value of Purchase:	\$ <u>11,100,100.00</u> No./Type Beds: <u>90 - SCALF</u>		
Terms of Purchase:	Purchase of assets (add more pages as necessary to describe the sale)		
Part IV: List of Certificat	te of Need Authority		
Number of Beds: 90			
Types of Institutional Health Se	ervices: Specialty Care Assisted Living		
List Service Area by County for	r Home Health Agencies: N/A		

State Health Planning And Development A	gency	Alabama CON Rules & Regulations
On an Attached Sheet Please A	ddress the Following	:
•	ject to include the preli	minary estimate of costs broken down by
	e service is an extensi	cant will state whether he has previously on of a presently offered service, or
*3.) Whether the proposal will inclu	de the addition of any	new beds.
*4.) Whether the proposal will invo	lve the conversion of b	eds.
*5.) Whether the assets and stock	(if any) will be acquired	d.
Part V: Certification of Info	rmation	
I certify that I agree to provide the beds, etc.) so the new owner can I necessary for the entire fiscal year	have the necessary info	(financial, utilization of services and primation to complete reports as greed to these terms,
Seller(s) Signature(s): Lugh	T. Howe	Wendson Hallhun Eguitiesus
Operator(s):		
Title/Date: <u>Eucu</u>	tive Vice Pres	udent 8/14/15
for the entire fiscal year, and agree	e to these terms. I have a State Health Plannin	necessary to complete reports required e enclosed a check in the amount of and Development Agency' to cover
X YES NO The above	Purchaser and Seller I	nave agreed to these purchase terms.
Purchaser Signature:		
Title/Date:		

State Health Planning And Development Age	ncy Alabama CON Rules & Regulation:
On an Attached Sheet Please Add	dress the Following:
*1.) The financial scope of the project equipment, construction, and yearly	ct to include the preliminary estimate of costs broken down by operating costs.
*2.) The services to be offered by the offered the service and whether the whether the service is a new service	e proposal (the applicant will state whether he has previously service is an extension of a presently offered service, or).
*3.) Whether the proposal will include	e the addition of any new beds.
*4.) Whether the proposal will involve	e the conversion of beds.
*5.) Whether the assets and stock (if	any) will be acquired.
Part V: Certification of Inform	nation
beds, etc.) so the new owner can have	formation necessary (financial, utilization of services and ve the necessary information to complete reports as The purchaser has agreed to these terms,
Seller(s) Signature(s): Owner(s):	
Operator(s):	
Title/Date: Mangel	8/14/2015
for the entire fiscal year, and agree to	etaining records as necessary to complete reports required these terms. I have enclosed a check in the amount of state Health Planning and Development Agency' to cover
X YES NO The above P	urchaser and Seller have agreed to these purchase terms.
Purchaser Signature:	
Title/Date:	

	All Annua COM Curton & Consulations			
State Health Planning And Development Agency	Alabama CON Rules & Regulations			
On an Attached Sheet Please Address	the Following:			
*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.				
*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).				
*3.) Whether the proposal will include the addition of any new beds.				
*4.) Whether the proposal will involve the conversion of beds.				
*5.) Whether the assets and stock (if any) will be acquired.				
Part V: Certification of Information				
I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,				
Seller(s) Signature(s): Owner(s):				
Operator(s):				
Title/Date:				
I certify that I will be responsible for retain for the entire fiscal year, and agree to the	ing records as necessary to complete reports required se terms. I have enclosed a check in the amount of Health Planning and Development Agency' to cover			
X YES NO The above Purch	aser and Seller have agreed to these purchase terms.			
Purchaser Signature:	ales			

President

Title/Date:

August 17, 2015

Page 2 CHOW Form/Regulation

Change of Ownership for Rittenhouse Senior Living of Hoover

- 1. There will be no new construction or equipment costs at this time. The estimated yearly operating costs for the facility based on last year's cost will be approximately \$2,900,000.00
- 2. There will be no change in the services performed by the SCALF that is currently operating this facility.
- 3. There will be no new beds. The 90 beds currently operating is the number of SCALF beds for which this facility is currently licensed.
- 4. There will be no bed conversion.
- 5. This will be an asset purchase only.
- 6. Attached is a legal description of the property marked as Exhibit "A".

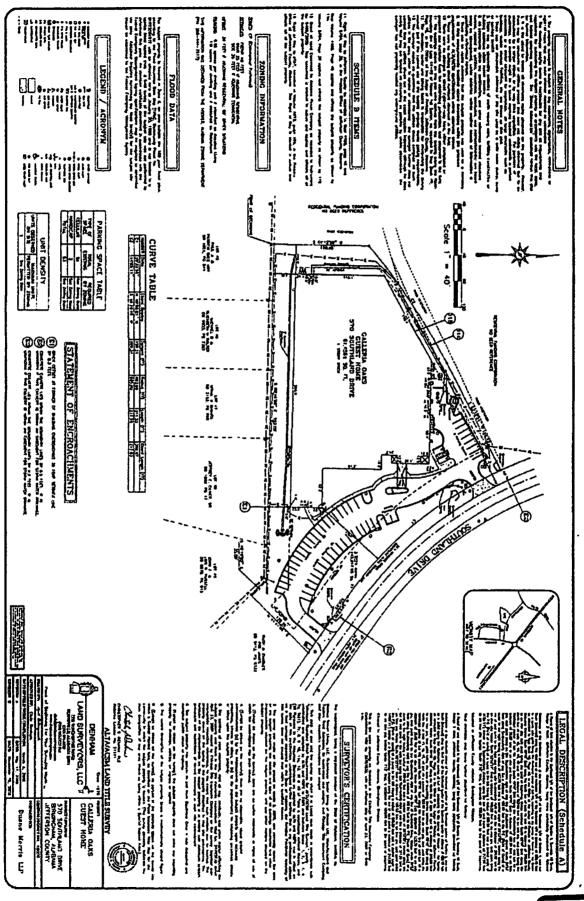


EXHIBIT A