

Aug 24 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

201 SIVLEY ROAD
SUITE 2
HUNTSVILLE, ALABAMA 35801

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August 24, 2018

VIA FEDERAL EXPRESS

Mr. Alva Lambert, Executive Director
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Notification
Facilities: Marshall Medical Center North
Marshall Medical Center South

Dear Alva,

Please accept this letter as notice that effective October 1, 2018, Marshall Medical Center North and Marshall Medical Center South (the "Facilities") will integrate with The Health Care Authority of the City of Huntsville ("Huntsville Authority") by and through its wholly owned subsidiary, HH Health System – Marshall, LLC ("HH Marshall"). HH Marshall will operate, manage and be financially responsible for the Facilities for a term of forty years.

Enclosed please find two "Change of Ownership" forms containing the information needed concerning this arrangement, as well as two checks each in the amount of \$2,500.00.

The following additional information is provided:

- (a) The Facilities will continue to function as acute care hospitals.
- (b) The transaction will not result in the addition of new beds.
- (c) The transaction will not result in the conversion of beds.
- (d) The transaction does not involve stock or any legal change of ownership.

Mr. Alva Lambert
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If you have any questions please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe W. Campbell", is written over the printed name.

Joe W. Campbell

cc: David S. Spillers, CEO Huntsville Hospital
Felicia Norman Smith, Licensure Program Director, Alabama Department of Public Health

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: 095-6530511
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Marshall Medical Center North
(ADPH Licensure Name)

Physical Address: 8000 AL Highway 69
Guntersville, AL 35976

County of Location: Marshall County
Number of Beds/ESRD Stations: 90 beds

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. _____

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: Marshall County Health Care Authority

Mailing Address: 2505 U. S. Highway 431, South
Boaz, Alabama 35957

Operator (Entity Name): Marshall County Health Care Authority

Part III: Lessee Information

Name of Entity: HH Health System – Marshall, LLC, a wholly owned subsidiary of The Health Care Authority of the City of Huntsville

Mailing Address: 101 Sivley Road
Huntsville, AL 35801

Operator (Entity Name): (Lessee) HH Health System – Marshall, LLC

Proposed Date of Transaction is on or after: October 1, 2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 40,000 (Lease Payment)

Type of Beds: Acute Care

Number of Beds/ESRD Stations: 90

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ N/A

Projected Total Cost: \$ 40,000

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.

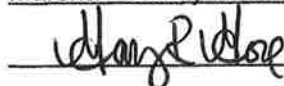
Part V: Certification of Information

Current Authority Signature(s):

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

Owner / Operator(s): Marshall County Health Care Authority

By: _____



Title/Date: Gary Gore, CEO

SWORN to and subscribed before me, this 21st day of August, 2018.

(Seal)

Karen M. Loring
Notary PublicMy Commission Expires: December 8, 2021**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.

Lessee / Operator(s): HH Health System - Marshall, LLCBy: David SpillersTitle/Date: David Spillers, CEOSWORN to and subscribed before me, this 21st day of August, 2018.

(Seal)

Stephanie Kern
Notary PublicMy Commission Expires: 12/27/17

Author: Alva M. Lambert

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

History: New Rule