Alabama CON Rules & Regulation:

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.

| O Change in Certificate of Nee | or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) d Holder (ALA. CODE § 22-20-271(f)) ent (Facility Operator) above-described requires an application for a Certificate of Need |
|--|---|
| Part I: Facility Information | |
| SHPDA ID Number: | 009-S5001 |
| (This can be found at | , Health Care Data, ID Codes) |
| Name of Facility/Provider: (ADPH Licensure Name) | The Jacobs House I |
| Physical Address: | 101 Jacobs Lane |
| F Hysical Madress. | Hayden, Alabama 35079 |
| County of Location: | BLOUNT |
| Number of Beds/ESRD Stations: | 16 |
| Part II: Current Authority ownership or control, as defined charts outlining current and proper Owner (Entity Name) of | y (Note: If this transaction will result in a change in direct under ALA. CODE § 22-20-271(e), please attach organizational osed structures.) The Jacobs House I |
| Facility named in Part I: | THE JACOBS FIGURE 1 |
| Mailing Address: | 101 Jacobs Lane |
| | Hayden, Alabama 35079 |
| Operator (Entity Name): | Jacobs House, INC |
| Part III: Acquiring Entity I | nformation |
| Name of Entity: | Legacy Woods LLC |
| Mailing Address: | P.O. Box 636 |
| s a constraint is you have the the pays | Gardendale, Alabama 35071 |

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

Owner(s):

Operator(s):

Title/Date:

President

SWORN to and subscribed before me, this 35714 day of

(Seal)

My Commission Expires: 6/12/2022

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):

aune a. li allace

Operator(s):

Title/Date:

Member/Manager

Member/Manager

SWORN to and subscribed before me, this 30 day of JANUARY

(Seal)

My Commission Expires:

Author: Alva M. Lambert

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

History: New Rule

| SHPDA ID Number: 609-5500 | |
|---------------------------------------|---|
| Name of Facility/Provider | - |
| Current Owner: The Jacobs House, Inc. | |
| Acquiring Entity: Legacy Woods, LLC | |

Notice of Change of Ownership/Control
Part IV: Terms of Purchase

- 1. The present services will continue.
- 2. The proposal does not include the addition of any new beds.
- 3. The proposal does not include the conversion of any beds.
- 4. The asset and stock will not be acquired.