

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: 009-S0504
(This can be found at Health Care Data, ID Codes)

Name of Facility/Provider: The Jacobs House III
(ADPH Licensure Name)

Physical Address: 101 Jacobs Lane
Hayden, Alabama 35079

County of Location: BLOUNT

Number of Beds/ESRD Stations: 16

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: The Jacobs House III

Mailing Address: 101 Jacobs Lane
Hayden, Alabama 35079

Operator (Entity Name): Jacobs House, INC

Part III: Acquiring Entity Information

Name of Entity: Legacy Woods LLC

Mailing Address: P.O. Box 636
Gardendale Alabama 350714

Operator (Entity Name): Legacy Woods LLC

Proposed Date of Transaction is
on or after: 02/01/2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 316,667 00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 16

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 400,000.00

Projected Total Cost: \$ 400,000.00

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): David Thomas

Operator(s): David Thomas

Title/Date: President

SWORN to and subscribed before me, this 30TH day of JANUARY, 2019.

(Seal)

Notary Public

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):

Operator(s):

Title/Date:

Member/ManagerMember/ManagerSWORN to and subscribed before me, this 30TH day of JANUARY, 2019.

(Seal)

Notary Public

My Commission Expires: 6/12/2022

Author: Alva M. Lambert

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

History: New Rule

SHPDA ID Number: 009-50504

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.