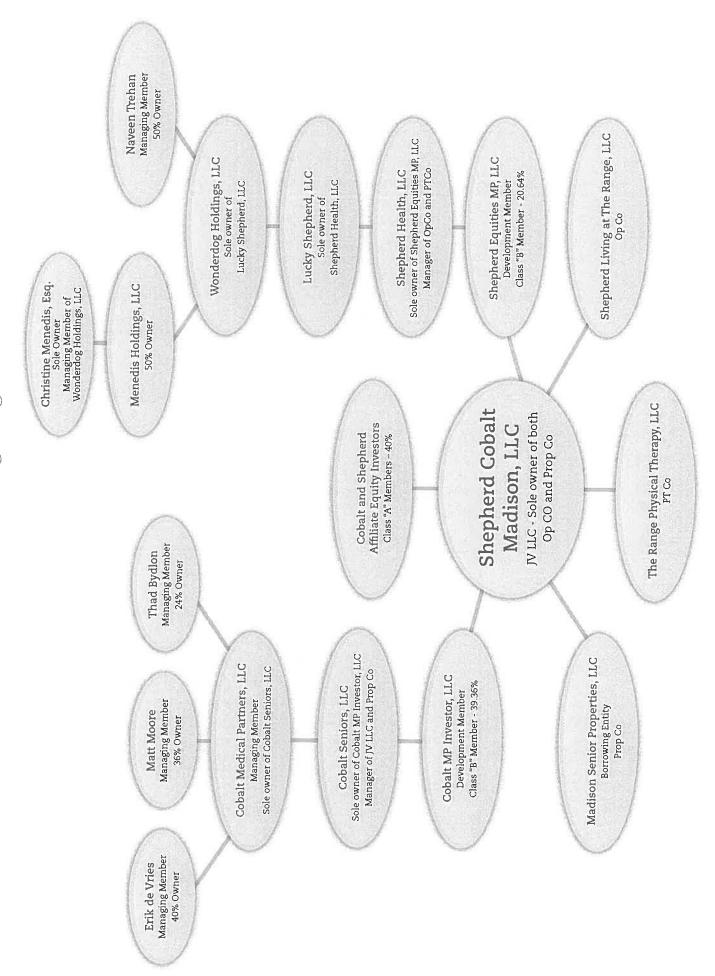
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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.

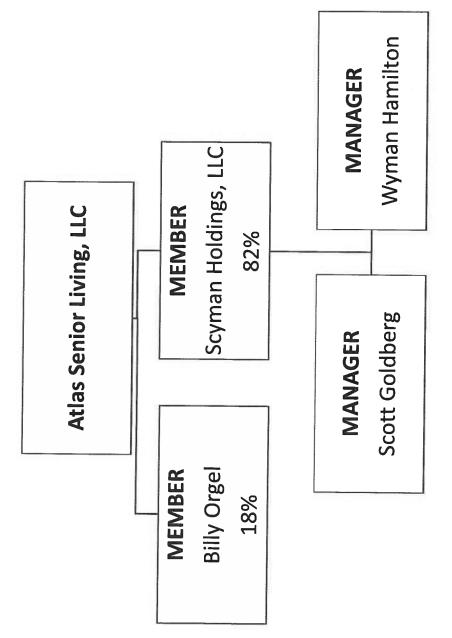
Change in Certificate of Need Hold	ontrol (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) der (ALA. CODE § 22-20-271(f)) Facility Operator) e-described requires an application for a Certificate of Need.
Part I: Facility Information	
SHPDA ID Number: (This can be found at www.shpda.alabama.gov ,	089-S4516
Name of Facility/Provider: (ADPH Licensure Name)	Shepherd Living at The Range Memory Care
Physical Address:	10803 COUNTY LINE ROAD
	Madison, AL 35758
County of Location:	CHOOSE ONE MADISON
Number of Beds/ESRD Stations:	42
Part II: Current Authority (No ownership or control, as defined under charts outlining current and proposed si	te: If this transaction will result in a change in direct r ALA. CODE § 22-20-271(e), please attach organizational tructures.)
Owner (Entity Name) of Facility named in Part I:	Shepherd Living at The Range, LLC
Mailing Address:	10803 County Line Rd
	Madison, AL 35758
Operator (Entity Name):	Shepherd Senior Living, LLC
Part III: Acquiring Entity Inform	ation
Name of Entity:	Atlas Senior Living LLC
Mailing Address:	2700 Hwy 280 suite 460E
	Birmingham, AL 35223

Shepherd Living at The Range Organizational Chart

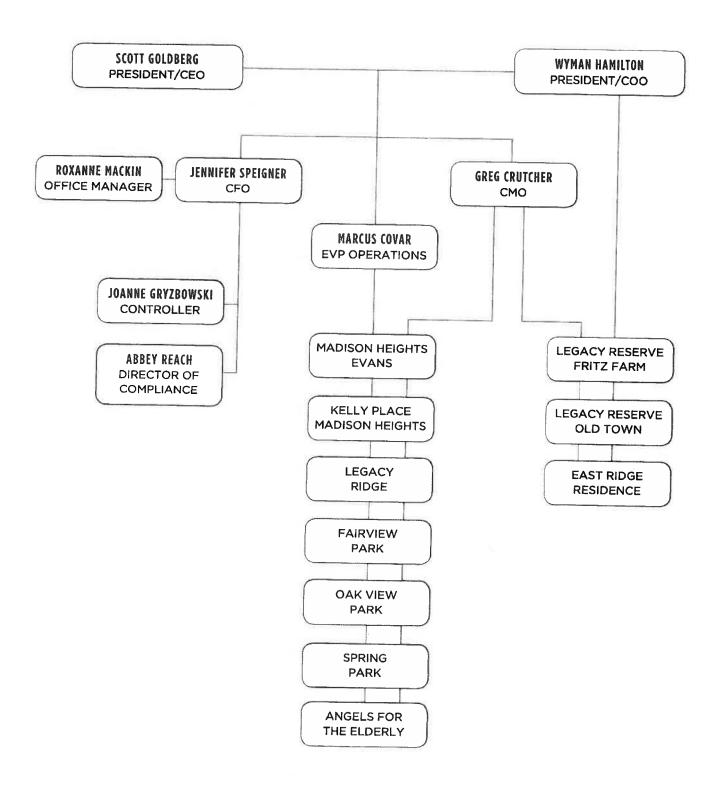




Organizational Chart



ATLAS SENIOR LIVING ORGANIZATIONAL CHART



Operator (Entity Name):	Atlas Senior Living LLC	
Proposed Date of Transaction is on or after:	July 10 2019	
Part IV: Terms of Purchase		
Monetary Value of Purchase:	\$ 26,880,000	
Type of Beds:	SCALF	
Number of Beds/ESRD Stations:	42	
Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:		
Projected Equipment Cost:	\$ 0	
Projected Construction Cost:		
Projected Yearly Operating Cost:	\$ \$2,864,559	
Projected Total Cost:	\$ nam \$ 2,864,559	
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 notificately belief.	tion is true and correct to the best of my knowledge and	
Owner(s):		
Operator(s):		
Title/Date: MANAGER	5/17/19	

SWORN to and support the best of the support the suppo

Notary Public

My Commission Expires: JUNE 122073

(Seal)

**GG

**GG

**Acquiring Authority Signature

**GG

**Condition

**GG

**GG 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.

day of MA

Purchaser(s)

Operator(s):

Title/Date:

(Seal)

SWORN to and subscribed before me, this 23 day of _

Notary Public

My Commission Expires:



CANDICE ELAINE CHAPMAN My Commission Expires March 8, 2023

SHPDA Change of ownership questions

- 1. The services to be offered will be the exact same services as are currently offered at the community, we will be just taking over the ownership of the asset and the operations of the community.
- 2. Whether the proposal will include the addition of any new beds? No; we are not adding any new beds
- 3. Whether the proposal will involve the conversion of beds? No; we are not converting any beds
- 4. Whether the assets and stock (if any) will be acquired? Yes; we are acquiring the assets