

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: 117-S3733
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: The Ridge at Grandevew SCALF
(ADPH Licensure Name)

Physical Address: 700 Corporate Ridge Road
Birmingham, AL 35242

County of Location: SHELBY

Number of Beds/ESRD Stations: 40

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

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: Grande View Operating LLC

Mailing Address: 2102 E. State Hwy 114, Suite 300
Southlake, TX 76092

Operator (Entity Name): Grande View Operating LLC

Part III: Acquiring Entity Information

Name of Entity: OpCo (AL) Birmingham - 700 Corporate Ridge Rd, LLC

Mailing Address: 303 International Circle, Suite 200
Hunt Valley, MD 21030

Operator (Entity Name): OpCo (AL) Birmingham - 700 Corporate Ridge Rd, LLC

Proposed Date of Transaction is on or after: 01/01/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 4,600,000.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 40

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: \$ 1,612,000.00

Projected Total Cost: \$ 1,612,000.00

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.

ON NEXT PAGE

Owner(s): _____

Operator(s): _____

Title/Date: _____

Operator (Entity Name): _____

Proposed Date of Transaction is on or after: _____

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ _____

Type of Beds: _____

Number of Beds/ESRD Stations: _____ 40 _____

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

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00 _____

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.

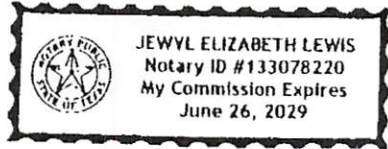
Owner(s):  Sanjay Chandra

Operator(s):  Sanjay Chandra

Title/Date: 12.12.2025 _____

SWORN to and subscribed before me, this 12 day of December, 2025.

(Seal)



Jewyl Elizabeth Lewis
Notary Public

My Commission Expires: June 26, 2029

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.

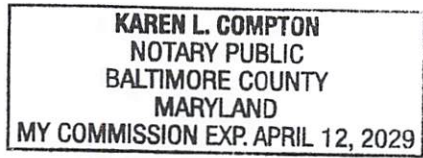
Purchaser(s): [Signature] Vikas Gupta

Operator(s): [Signature] Vikas Gupta

Title/Date: Chief Investment Officer 12/13/2025

SWORN to and subscribed before me, this 15th day of December, 2025.

(Seal)



Karen L. Compton
Notary Public

My Commission Expires: 4/12/2029

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

1. The services to be offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered service, or whether the service is a new service). **The Applicant has not previously offered the service; however, the SCALF services offered will not change**
2. Whether the proposal will include the addition of any new beds. **No**
3. Whether the proposal will involve the conversion of beds. **No**
4. Whether the assets and stock (if any) will be acquired. **The transactoin involves the asset sale of an existing SCALF provider**

A handwritten signature in black ink, consisting of a stylized, cursive script that is difficult to decipher but appears to be a personal name.