


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: 091-S4601
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
 Name of Facility/Provider: Sonrise Specialty Care Assisted Living
(ADPH Licensure Name)
 Physical Address: 1607 Hwy 43 S
Demopolis, Alabama 36732
 County of Location: MARENGO 
 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: Annette Dixon
 Mailing Address: 1607 Hwy 43 S
Demopolis, Al. 36732
Annette Dixon
 Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: Living Legacy LLC
 Mailing Address: 1607 Hwy 43 S
Demopolis, Al 36732

Operator (Entity Name): ~~Boib Halim~~ Living Legacy LLC

Proposed Date of Transaction is on or after: 04/22/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 556,661.00

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: \$ 600,000.00

Projected Total Cost: \$ 600,000.00

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.

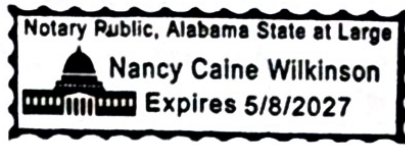
Owner(s): Annette Dixon Annette Dixon

Operator(s): Annette Dixon Annette Dixon

Title/Date: Ownership 04/22/2026 _____

SWORN to and subscribed before me, this 22 day of April, 2026.

(Seal)



Nancy Wilkinson
Notary Public

My Commission Expires: 05/08/27

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.

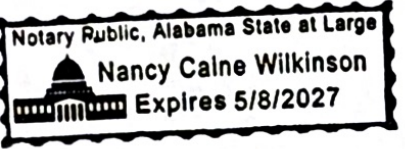
Purchaser(s): Living Legacy LLC _____

Operator(s): Living Legacy LLC _____

Title/Date: 04/22/2026 owner/operator _____

SWORN to and subscribed before me, this 22 day of April, 2026.

(Seal)



Nancy Walker
Notary Public

My Commission Expires: 05/08/27

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

April 22, 2026

To whom it may concern:

1. This is an application for a change of ownership of an existing facility.

2. The proposal will not include the addition of any new beds.

3. The change of ownership will not involve the conversion of beds.

4. 100% of stock will be acquired in the change of ownership.