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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

January 30, 2014

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Qualicenters Inland Northwest, LLC ("Qualicenters"); parent company-Fresenius Medical Holdings, Inc, hereby submits this letter of intent to establish a new facility in King Three Dialysis Planning Area. In conformance with the requirements of WAC, the following information is provided:

1. Description of the Services Proposed:

Qualicenters proposes to establish a new 12-station dialysis facility. This facility will offer all modalities of dialysis services.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure for this project is \$1,886,438

3. Description of the Service Area:

The facility will provide services in the King Three dialysis planning area.

Please feel free to contact me if there are questions. I can be reached at 509.783.9993.

Yours truly,

A handwritten signature in blue ink, appearing to read "Ann Sullivan", written over a light blue horizontal line.

Ann Sullivan
Director of Operations-Olympic Columbia River
Fresenius Medical Care