

June 7, 2016

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JUL 13 2016

Ms. Janis R. Sigman
Manager, Facility Certification Program
Department of Health
Office of Certification and Enforcement
111 Israel Road SE
Tumwater, WA 98501

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Re: Letter of Intent

Dear Ms. Sigman:

On behalf of MultiCare Health System ("MHS") and Proliance Surgeons, Inc. P.S., ("Proliance"), we are pleased to submit this letter of intent requesting certificate of need ("CON") approval to establish and operate a three-operating suite Ambulatory Surgery Facility that will be jointly owned by MHS and Proliance.

In accordance with WAC 246-310-080, the following information is provided:

1. Description of Proposed Service

Approval to establish and operate a CON-approved, three-operating suite ambulatory surgery facility ("ASF"), jointly owned by MHS and Proliance. Proliance currently operates a certificate of need exempt ambulatory surgery center in this planning area. This current facility would be relocated and a new facility would be built out and operated as the proposed project.

2. Estimated Cost of the Project

The estimated cost of the project is \$9,511,364.

3. Identification of the Service Area

For purposes of this certificate of need request, the service area is defined as the East Pierce Secondary Health Service Planning Area.

Thank you for your attention to this matter. If you have any questions, please contact either of us. Theresa Boyle can be reached at (253) 403-8770 or at theresa.boyle@multicare.org David Fitzgerald can be reached at: (206) 838-2599 or at d.fitzgerald@proliancesurgeons.com

Very truly yours,



Theresa Boyle
Senior Vice President
Strategy and Business Development
MultiCare Health System



David Fitzgerald
Chief Executive Officer
Proliance Surgeons Inc. P.S

R E C E I V E D

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2. Estimated Cost of the Project

The estimated cost of the project is \$12,105,372.

3. Identification of the Service Area

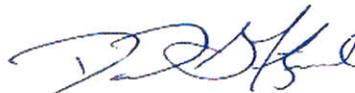
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