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July 31, 2012

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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
111 Israel Rd SE
Tumwater, WA 98501

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an ***8*** station dialysis center. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish an ***8*** station dialysis facility that will provide and support in-center and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be ***$ 1,827,335***.

Description of the Service Area:

The service area is ***King County ESRD Planning Area #4.***

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1

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