



Improving the Quality of Life®

September 29, 2009

Janis Sigman, Manager
Certificate of Need Program
Facilities and Services Licensing
Department of Health
PO Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

This letter is written to notify the Department of Health that Odyssey HealthCare, through its operating company Odyssey HealthCare Operating B, LP, intends to seek Certificate of Need approval for a Medicare-certified hospice agency to serve the residents of King County, Washington.

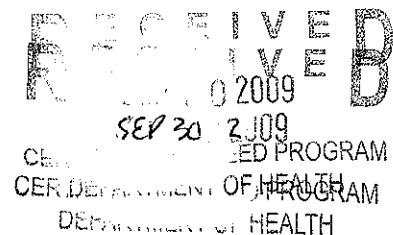
On receipt of a Certificate of Need, Odyssey plans to serve residents of the King County Planning Area who have a terminal illness and require end-of-life care. We will also serve the family members of these patients with supportive services including bereavement care.

Our current estimate of capital costs is \$115,000.

Can you please provide us with a copy of the criteria by which the Department will evaluate our Certificate of Need application? Thank you very much.

Sincerely,

W. Bradley Bickham
Senior Vice President and General Counsel



717 N. Harwood St., Suite 1500
Dallas, TX 75201

Phone: (214) 922-9711
Facsimile: (214) 922-9752