



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1360A is issued to:**

**Legal Name of Applicant:** Northwest Kidney Centers  
**Address of Applicant:** 700 Broadway  
Seattle Washington 98122  
**Type of Service:** Kidney Dialysis Services  
**Facility Name:** NKC-Kent Kidney Center  
**Facility Address:** 25316 - 74<sup>th</sup> Avenue South, #101  
Kent Washington 98032

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S  
RECORD AND EVALUATION OF MARCH 16, 2009 (CN APP #09-29)**

**Description/Services To Be Provided:**

Certificate of Need #1360 issued on November 9, 2007 approved the construction of a 17 station dialysis facility in King County. The CN was issued with an approved capital expenditure of \$1,343,330. This amended certificate approves the increase in the capital costs for the construction of the facility.

**Service Area**

King County Planning Area #10

**TERM**

Prior to providing services, Northwest Kidney Centers must provide for review and approval an executed contract with the permanent medical director, which includes the relevant terms and compensation, as identified in the draft agreement prior to project completion.

The approved capital expenditure for this project is \$ 1,698,331.

**This Certificate authorizes commencement of the project from November 9, 2007, to November 9, 2009, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** June 16, 2009

A handwritten signature in black ink, appearing to read "Steven Saxe", is written over a horizontal line.

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**