December 11, 2018

CERTIFIED MAIL # 7017 3380 0000 0863 8482

Evan Moore, Director Special Projects
DaVita, Inc. North Star Division
32275 – 32nd Avenue South
Federal Way, Washington 98001

RE: Certificate of Need Application #18-45-Downtown Spokane Renal Center

Dear Mr. Moore:

Enclosed is Certificate of Need #1756 issued to DaVita, Inc. approving the addition of two dialysis stations to Downtown Spokane Renal Center located in Spokane County planning area #1. The two stations are added under the special circumstance provisions of Washington Administrative Code 246-310-818.

The certificate is not an approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:
Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:               Physical Address:
Department of Health           Department of Health
Certificate of Need Program    Certificate of Need Program
Mail Stop 47852                111 Israel Road SE
Olympia, WA 98504-7852         Tumwater, WA 98501
Appeal Option 2:
Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Adjudicative Service Unit</td>
<td>Adjudicative Service Unit</td>
</tr>
<tr>
<td>Mail Stop 47879</td>
<td>111 Israel Road SE</td>
</tr>
<tr>
<td>Olympia, WA 98504-7879</td>
<td>Tumwater, WA 98501</td>
</tr>
</tbody>
</table>

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report’s due date, you will receive a form to complete and return.

If you have any questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,

Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

Enclosure
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 #1756 is issued to:

Legal Name of Applicant: DaVita, Inc.
Address of Applicant: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Downtown Spokane Renal Center
Facility Address: 601 West 5th Avenue, #101, Spokane Washington 99204

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED DECEMBER 4, 2018 (CN App #18-45)

Project Description
This certificate approves the addition of two dialysis stations to the 12-station Downtown Spokane Renal Center, for a facility total of 14 dialysis stations. Services provided at Downtown Spokane Renal Center include in-center hemodialysis, home hemodialysis and home peritoneal dialysis training and support for dialysis patients, and shifts beginning after 5:00 pm.

Certificate of Need #1642 was issued to DaVita, Inc. approving the one-time addition of an isolation station to Downtown Spokane Renal Center consistent with Washington Administrative Code 246-310-809(3). The certificate was effective on January 1, 2018.

The table below provides a breakdown of the total number of stations at Downtown Spokane Renal Center, which includes two additional stations approved under the special circumstance criterion outlined in Washington Administrative Code 246-310-818.

<table>
<thead>
<tr>
<th></th>
<th>CMS Certified Stations</th>
<th>Stations Counted in Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Use In-Center Stations</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Permanent Bed Station</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private Isolation Station¹</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Stations</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>

As required under Washington Administrative Code 246-310-818(10), the two additional stations must be operational within six months of approval, otherwise this Certificate of Need is revoked.

Service Area
Spokane County ESRD Planning Area #1

Conditions
1. Approval of the project description as stated above. DaVita, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. DaVita, Inc. shall finance this project using existing capital reserves, as described in the application.

Approved Capital Expenditure
The approved capital expenditure for this two-station addition is $24,137. This amount represents the costs for moveable equipment and associated sales tax. All costs will be paid by DaVita.

This Certificate authorizes commencement of the project from December 11, 2018 to December 11, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 11, 2018

Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

This Certificate is not transferable

¹ DaVita has not yet completed the administrative station adjustment as allowed under Washington Administrative Code 246-310-809.