January 31, 2020

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

Dear Ms. Sigman,

Grays Harbor Community Hospital hereby submits a Letter of Intent proposing to establish an adult Elective Percutaneous Coronary Intervention Program. In conformance with the WAC, the following information is provided:

1. **A Description of the Extent of Services Proposed:**  
   Grays Harbor Community Hospital proposes to establish an Elective Percutaneous Coronary Intervention Program.

2. **Estimated Cost of the Proposed Project:**  
The capital expenditure is $0.

3. **Description of the Service Area:**  
For purposes of the CON Program’s PCI service area definitions (WAC 246-310-705(5)), Grays Harbor Community Hospital is located in PCI Planning Area #6 (Grays Harbor, Lewis, Mason, Pacific, Thurston).

If you have any questions or concerns with this request, please contact me directly at 360-537-5145 or via email at nfoley@ghcares.org. Thank you.

Sincerely,

[Signature]

Miall Foley  
Chief Financial Officer