<table>
<thead>
<tr>
<th>County</th>
<th>Project ID#</th>
<th>Facility</th>
<th>Project Description</th>
<th>Application Review</th>
<th>Certificate of Need Issue Date</th>
<th>Total Approved Capital Expenditure</th>
<th>1st Project Progress Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buncombe</td>
<td>B-010090-13</td>
<td>CarePartners Hospice &amp; Palliative Care Services 923998 Asheville</td>
<td>Convert five residential hospice beds to five inpatient hospice beds for a total of twenty-five inpatient hospice beds and two residential hospice beds</td>
<td>04/01/2013</td>
<td>07/29/2013</td>
<td>$14,050.00</td>
<td>12/15/2013</td>
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<tr>
<td>Caldwell</td>
<td>E-010096-13</td>
<td>Caldwell Memorial Hospital, Inc. 933051 Lenoir</td>
<td>Develop 27 adult inpatient psychiatric beds pursuant to the need determination in the 2013 SMFP for Smoky Mountain Center 2</td>
<td>04/01/2013</td>
<td>07/26/2013</td>
<td>$4,525,440.00</td>
<td>11/30/2013</td>
</tr>
<tr>
<td>Carteret</td>
<td>P-010084-13</td>
<td>Carteret General Hospital 923076 Morehead City</td>
<td>Construct 2-story North Tower above the ED for outpatient surgical services, GI endo rooms, C-Section OR and Critical Care Unit; and construct a 3-story Pavilion for Women's Services, Progressive Care Unit and the Cancer Center (which is a change of scope for Project ID #P-8834-12)</td>
<td>03/01/2013</td>
<td>07/30/2013</td>
<td>$52,689,285.00</td>
<td>02/28/2014</td>
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<tr>
<td>Cleveland</td>
<td>C-010095-13</td>
<td>Crawley Memorial Long Term Care Hospital 120232 Kings Mountain</td>
<td>Cost overrun on Project ID #C-8736-11 (relocate LTCH beds to leased space within Kings Mountain Hospital)</td>
<td>04/01/2013</td>
<td>07/02/2013</td>
<td>$1,490,000.00</td>
<td>08/31/2013</td>
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<tr>
<td>County</td>
<td>Project ID#</td>
<td>Facility</td>
<td>Project Description</td>
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<tr>
<td>Dare</td>
<td>R-010114-13</td>
<td>The Outer Banks Hospital, Inc. 980550 Nags Head</td>
<td>Develop 1 new shared OR for a total of 3 shared ORs upon project completion</td>
<td>05/01/2013</td>
<td>07/27/2013</td>
<td>$4,246,095.00</td>
<td>11/01/2013</td>
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<tr>
<td>Forsyth</td>
<td>G-010098-13</td>
<td>North Carolina Baptist Hospital 943495 Winston Salem</td>
<td>Replace one fixed MRI scanner and one fixed CT scanner and renovate existing space</td>
<td>04/01/2013</td>
<td>07/26/2013</td>
<td>$5,907,527.00</td>
<td>11/15/2013</td>
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<tr>
<td>Harnett</td>
<td>M-010070-12</td>
<td>Universal Health Care / Lillington 120582 Lillington</td>
<td>Relocate 129 nursing facility beds from Universal Health Care Lillington (FID #943230) to a replacement facility (FID #120582)</td>
<td>12/01/2012</td>
<td>07/04/2013</td>
<td>$9,625,380.00</td>
<td>12/01/2013</td>
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<tr>
<td>Johnston</td>
<td>J-010094-13</td>
<td>FRESENIUS MEDICAL CARE STALLINGS STATION 030941 Clayton</td>
<td>Add 4 dialysis stations for a total of 24 dialysis stations upon project completion</td>
<td>04/01/2013</td>
<td>07/12/2013</td>
<td>$52,008.00</td>
<td>12/15/2013</td>
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<tr>
<td>Mecklenburg</td>
<td>F-010091-13</td>
<td>BMA OF NORTH CHARLOTTE 955788 CHARLOTTE</td>
<td>Add 3 dialysis stations for a total of 30 stations upon project completion</td>
<td>04/01/2013</td>
<td>07/15/2013</td>
<td>$269,229.00</td>
<td>11/30/2013</td>
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<tr>
<td>County</td>
<td>Project ID#</td>
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<td>Project Description</td>
<td>Application Review</td>
<td>Certificate of Need Issue Date</td>
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<tr>
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<td>Mecklenburg</td>
<td>F-010111-13</td>
<td>CHARLOTTE DIALYSIS 955930 Charlotte</td>
<td>Add 1 dialysis station for a total of 35 stations upon project completion</td>
<td>04/01/2013</td>
<td>07/25/2013</td>
<td>$199,411.00</td>
<td>11/09/2013</td>
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<tr>
<td>Robeson</td>
<td>N-010081-13</td>
<td>Southeastern Regional Medical Center 923461 Lumberton</td>
<td>Acquire a second unit of cardiac catheterization equipment by utilizing an existing upgraded unit of vascular equipment</td>
<td>03/01/2013</td>
<td>07/29/2013</td>
<td>$0.00</td>
<td>12/15/2013</td>
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<tr>
<td>Union</td>
<td>F-010101-13</td>
<td>Carolinas Medical Center-Union 923515 Monroe</td>
<td>Replace existing Varian 2100CD linear accelerator located at the Edwards Cancer Center</td>
<td>04/01/2013</td>
<td>07/26/2013</td>
<td>$3,017,025.00</td>
<td>10/31/2013</td>
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<tr>
<td>Wake</td>
<td>J-008729-11</td>
<td>BellaRose Nursing and Rehab Center 110719 Raleigh</td>
<td>Develop a 100-bed nursing facility in SE Raleigh</td>
<td>09/01/2011</td>
<td>07/30/2013</td>
<td>$8,635,561.00</td>
<td>12/01/2013</td>
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<tr>
<td>Wake</td>
<td>J-008819-12</td>
<td>Maxim Healthcare Services 943980 Raleigh</td>
<td>Develop a Medicare-certified home health agency in Wake County</td>
<td>05/01/2012</td>
<td>07/31/2013</td>
<td>$50,149.00</td>
<td>09/30/2013</td>
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<tr>
<td>County</td>
<td>Project ID#</td>
<td>Facility</td>
<td>Project Description</td>
<td>Application Review</td>
<td>Certificate of Need Issue Date</td>
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<tr>
<td>Watauga</td>
<td>D-010089-13</td>
<td>Watauga Medical Center, Inc. 933533 Boone</td>
<td>Acquire a peripheral vascular lab</td>
<td>04/01/2013</td>
<td>07/02/2013</td>
<td>$1,862,951.00</td>
<td>11/01/2013</td>
</tr>
</tbody>
</table>
ISSUED TO: CarePartners Foundation  
and Community CarePartners, Inc.  
d/b/a CarePartners Health Services  
and d/b/a CarePartners Hospice  
68 Sweeten Creek Road  
Asheville, NC 28803

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)c. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: CarePartners Health Services and CarePartners Hospice shall convert five hospice residential beds to five hospice inpatient beds for a facility total of 25 hospice inpatient beds and two hospice residential beds/ Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CarePartners Hospice: John F. Keever, Jr. Solace Center  
68 Sweeten Road  
Pinehurst, NC 28374

MAXIMUM CAPITAL EXPENDITURE: $14,050

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2013

This certificate is effective as of the 29th day of July, 2013

Craig R. Smith  
Chief, Certificate of Need Section  
Division of Health Service Regulation
CONDITIONS:

1. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall materially comply with all representations made in its certificate of need application.

2. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall convert five hospice residential beds to five hospice inpatient beds and shall be licensed for a total of 25 hospice inpatient beds and two hospice residential beds upon completion of this project.

3. CarePartners Foundation and Community CarePartners, Inc. d/b/a CarePartners Health Services and d/b/a CarePartners Hospice shall acknowledge acceptance of and compliance with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 10, 2013.

TIMETABLE:

Operation of Facility October 1, 2013
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #E-10096-13
FID #933051

ISSUED TO: Caldwell Memorial Hospital, Inc.
            321 Mulberry Street, SW
            Lenior, NC 28645

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Caldwell Memorial Hospital, Inc. shall develop 27 adult inpatient psychiatric beds pursuant to the need determination in the 2013 SMFP for Smoky Mountain Center 2/ Caldwell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Caldwell Memorial Hospital
                    321 Mulberry Street, SW
                    Lenior, NC 28645

MAXIMUM CAPITAL EXPENDITURE: $4,525,440

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2013

This certificate is effective as of the 26th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Caldwell Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Caldwell Memorial Hospital, Inc. shall materially comply with the last made representation.

2. Caldwell Memorial Hospital, Inc. shall develop and operate no more than 27 adult inpatient psychiatric beds for a total licensed bed complement of no more than 110 acute care beds and 27 adult inpatient psychiatric beds upon completion of this project.

3. Caldwell Memorial Hospital, Inc. shall accept patients requiring involuntary admission for adult inpatient behavioral health services.

4. Caldwell Memorial Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 24, 2013.

TIMETABLE:

Construction Contract Award
50% Completion of Construction
Completion of Construction
Occupancy/Offering of Services
Certification of Beds

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Contract Award</td>
<td>July 8, 2015</td>
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<tr>
<td>50% Completion of Construction</td>
<td>March 23, 2016</td>
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<tr>
<td>Completion of Construction</td>
<td>July 20, 2016</td>
</tr>
<tr>
<td>Occupancy/Offering of Services</td>
<td>September 1, 2016</td>
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<tr>
<td>Certification of Beds</td>
<td>October 1, 2016</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number  #P-10084-13

FID #923076

ISSUED TO:  Carteret County General Hospital Corporation
d/b/a Carteret General Hospital
3500 Arendell Street
Morehead City, NC 28557

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE:  Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall renovate and expand existing services including inpatient, outpatient, women and intensive care services, replace 70 acute care beds, add 2 units of inpatient dialysis equipment and consolidate oncology services (change of scope from Project ID # P-8834-12)/ Carteret County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Carteret General Hospital
3500 Arendell Street
Morehead City, NC 28557

MAXIMUM CAPITAL EXPENDITURE:  $52,689,285

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  February 28, 2014

This certificate is effective as of the 30th day of July, 2013

Craig R Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall materially comply with all representations made in its certificate of need application.

2. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall replace no more than 70 acute care beds, which includes 10 postpartum medical/surgical beds in women’s services, 16 medical/surgical beds in women’s services (including 4 rooms that can be converted into pediatric beds), 30 progressive care beds, 10 critical care beds, and 4 surgery beds, for a total of no more than 135 acute care beds, at project completion.

3. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall, through written agreement, arrange for Bio-Medical Applications of North Carolina, Inc. to provide acute dialysis services.

4. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.

5. Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR, that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.

6. Prior to issuance of the certificate of need, Carteret County General Hospital Corporation d/b/a Carteret General Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 14, 2013.

TIMETABLE:

Approval of Final Drawings & Specifications by the Construction Section, DHSR February 1, 2014
25% Completion of Construction June 16, 2014
75% Completion of Construction March 13, 2015
Completion of Construction July 26, 2015
Occupancy/Offering of Service(s) October 1, 2015
Operation of Equipment October 1, 2015
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number  #C-10095-13

FID #120232

ISSUED TO:  Crawley Memorial Long Term Care Hospital
201 East Grover Street
Shelby, NC 28150

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE:  Cost overrun for Project LD. #C-8736-11 (Relocate 28 long-term care hospital beds from Crawley Memorial Hospital to leased space in Kings Mountain Hospital)/ Cleveland County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Crawley Memorial Long Term Care Hospital
706 W King Street
Kings Mountain, NC 28086

MAXIMUM CAPITAL EXPENDITURE:  $1,490,000

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  August 31, 2013

This certificate is effective as of the 2nd day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall materially comply with all representations made in Project I.D. #C-8736-11 and Project I.D. #C-10095-13. In those instances in which representations conflict, Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall materially comply with the last made representation.

2. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section VI of the application and that would otherwise require a certificate of need.

3. Cleveland County HealthCare System d/b/a Kings Mountain Hospital and Crawley Memorial Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 17, 2013.

TIMETABLE:

Obtaining Financing ....................................................................................................................... July 31, 2013
Completion of Final Drawings and Specifications by the Construction Section, DHSR .................. August 15, 2013
Approval of Final Drawings and Specifications ................................................................. August 31, 2013
25% Completion of Construction ..................................................................................... October 1, 2013
50% Completion of Construction ...................................................................................... November 1, 2013
75% Completion of Construction ....................................................................................... December 1, 2013
Completion of Construction ................................................................................................. December 15, 2013
Occupancy/Offering of Services ......................................................................................... January 1, 2014
ISSUED TO: The Outer Banks Hospital, Inc.
4800 South Croatan Highway
Nags Head NC 27959

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: The Outer Banks Hospital, Inc. shall develop no more than one additional shared operating room for a total of no more than three shared operating rooms and one dedicated C-section operating room upon project completion/ Dare County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Outer Banks Hospital
4800 South Croatan Highway
Nags Head NC 27959

MAXIMUM CAPITAL EXPENDITURE: $4,246,095

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2013

This certificate is effective as of the 27th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
**CONDITIONS:**

1. The Outer Banks Hospital, Inc. shall materially comply with all representations made in the certificate of need application.

2. The Outer Banks Hospital, Inc. shall develop no more than one additional operating room for a total of not more than three shared operating rooms and one dedicated C-Section operating room upon completion of the project.

3. The Outer Banks Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

4. The Outer Banks Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 17, 2013.

**TIMETABLE:**

<table>
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<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Obtain Funds Necessary to Undertake Project</td>
<td>November 1, 2013</td>
</tr>
<tr>
<td>Completion of Preliminary Drawings</td>
<td>April 1, 2014</td>
</tr>
<tr>
<td>Contract Award</td>
<td>September 3, 2014</td>
</tr>
<tr>
<td>25% Completion of Construction</td>
<td>November 26, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>February 25, 2015</td>
</tr>
<tr>
<td>75% Completion of Construction</td>
<td>May 27, 2015</td>
</tr>
<tr>
<td>Occupancy/Offering of Service</td>
<td>October 1, 2015</td>
</tr>
</tbody>
</table>
CERTIFICATE OF NEED
for
Project Identification Number #G-10098-13
FID #943495

ISSUED TO: North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Wake Forest Baptist Medical Center shall replace one fixed MRI scanner and one fixed CT scanner and renovate existing space Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake Forest Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157

MAXIMUM CAPITAL EXPENDITURE: $5,907,527

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2013

This certificate is effective as of the 26th day of July, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application.

2. North Carolina Baptist Hospital shall acquire no more than one fixed MRI scanner and one fixed CT scanner to replace an existing fixed MRI and CT scanner for a total of no more than 6 fixed MRI scanners and 11 CT scanners upon project completion.

3. North Carolina Baptist Hospital shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.

4. North Carolina Baptist Hospital shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representations in the written statement as described in paragraph one of Policy GEN-4.

5. Prior to issuance of the certificate of need, North Carolina Baptist Hospital shall provide to the Certificate of Need Section a written statement describing the project’s plan to assure improved water conservation.

6. North Carolina Baptist Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 24, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Contract Award</th>
<th>January 15, 2014</th>
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<tbody>
<tr>
<td>Ordering Equipment</td>
<td>January 15, 2014</td>
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<tr>
<td>25% Completion of Construction</td>
<td>February 28, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>March 15, 2014</td>
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<tr>
<td>75% Completion of Construction</td>
<td>April 15, 2014</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>May 1, 2014</td>
</tr>
<tr>
<td>Operation of Equipment</td>
<td>July 1, 2014</td>
</tr>
<tr>
<td>Occupancy/Offering Service</td>
<td>July 1, 2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

CERTIFICATE OF NEED

for
Project Identification Number #M-10070-12

FID #120582

ISSUED TO: Universal Properties/Lillington, LLC
and Universal Health Care/Lillington, Inc.
3914 Ridge NE
Conover, NC 28613

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Universal Properties/Lillington, LLC and Universal Health Care/Lillington, Inc. shall construct a replacement nursing facility with a total complement of no more than 129 licensed nursing facility beds upon completion of the project/Harnett County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Universal Health Care Lillington
Lot 19 and part of Lot 20
Brightwater Drive
Lillington, NC 27546

MAXIMUM CAPITAL EXPENDITURE: $9,625,380

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2013

This certificate is effective as of the 4th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall materially comply with all representations made in its certificate of need application, as amended by the conditions of approval.

2. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall construct a replacement nursing facility with a total licensed bed complement of no more than 129 beds upon completion of the project.

3. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall take the necessary steps to delicense the 129 nursing facility beds at the existing Universal Health Care of Lillington following completion of the proposed replacement nursing facility, by licensing the existing facility as a 106-bed adult care home.

4. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall provide access to private rooms for Medicaid patients, including hospice patients, based on medical necessity.

5. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall submit all patient charges and actual per diem reimbursement for each source of patient payment to the Certificate of Need at year end for each of the first two operating years following licensure of the beds in the new facility.

6. For the first two full federal fiscal years of operation following completion of the project, actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.

7. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.

8. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall submit a plan to the Construction Section of the Division of Health Service Regulation for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section, pursuant to Policy GEN-4 of the 2012 SMFP.

9. Universal Properties / Lillington, LLC and Universal Health Care / Lillington, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Loan Executed</td>
<td>November 1, 2013</td>
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<tr>
<td>Final Drawings Submitted to the Construction Section, DHSR</td>
<td>November 1, 2013</td>
</tr>
<tr>
<td>Construction Contract Awarded</td>
<td>December 1, 2013</td>
</tr>
<tr>
<td>75% Completion of Construction</td>
<td>July 30, 2014</td>
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<tr>
<td>Completion of Construction</td>
<td>September 15, 2014</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>September 15, 2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #J-10094-13

FID #030941

ISSUED TO:  Bio Medical Applications of North Carolina, Inc.
            d/b/a FMC Stallings Station
            3717 National Drive, Suite 206
            Raleigh, NC 27612

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and
Human Services hereby authorizes the person or persons named above (the “certificate holder”) to
develop the certificate of need project identified above. The certificate holder shall develop
the project in a manner consistent with the representations in the project application and with the
conditions contained herein and shall make good faith efforts to meet the timetable contained
herein. The certificate holder shall not exceed the maximum capital expenditure amount
specified herein during the development of this project, except as provided by N.C. Gen. Stat. §
131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other
person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the
scope, physical location, and person(s) described herein. The Department may withdraw this
certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE:  Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station
shall add no more than 4 dialysis stations for a total of no more than 24 certified
dialysis stations upon completion of this project/ Johnston County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Stallings Station
                     5420 Barber Road
                     Clayton, NC 27528

MAXIMUM CAPITAL EXPENDITURE:  $52,008

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  December 15, 2013

This certificate is effective as of the 12th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall materially comply with all representations made in its certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc., d/b/a FMC Stallings Station shall develop and operate no more than four additional dialysis stations for a total of no more than 24 stations, which shall include any home hemodialysis training or isolation stations upon completion of this project.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of 24 stations, which shall include any home hemodialysis training or isolation stations.

4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Stallings Station shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 12, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering of Equipment</td>
<td>May 1, 2014</td>
</tr>
<tr>
<td>Certification of Stations</td>
<td>June 30, 2014</td>
</tr>
<tr>
<td>Occupancy/Offering of Services</td>
<td>June 30, 2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CORRECTED
CERTIFICATE OF NEED
for
Project Identification Number  #F-10091-13
FID #955788

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA North Charlotte
920 Winter Street
Waltham, MA 02451

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte shall add no more than 3 dialysis stations and establish a home training program at BMA North Charlotte for a total of no more than 30 stations upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA North Charlotte
5220 North Tryon
Charlotte, NC 28213

MAXIMUM CAPITAL EXPENDITURE: $269,229

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2013

This certificate is effective as of the 15th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte shall materially comply with all representations made in the certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte shall develop and operate no more than 3 additional stations for a total of 30 certified, of which 2 stations will be used for home hemo-dialysis training following completion of this project.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 17, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications __________________________ November 14, 2013
25% Completion of Construction _______________________________ April 13, 2014
75% Completion of Construction _______________________________ October 10, 2014
Completion of Construction _______________________________ November 24, 2014
Operation of Equipment _______________________________ December 28, 2014
Occupancy/Offering of Service _______________________________ December 31, 2014
Certification of Stations _______________________________ December 31, 2014
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #F-10092-13

FID #970826

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Nations Ford
3717 National Drive, Suite 206
Raleigh, NC 27612

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall add no more than 6 dialysis stations upon completion of Project I.D. #F-10052-12 (relocate 6 stations to FMC Southwest Charlotte) and this project for a total of no more than 24 stations/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA Nations Ford
7901 England Street
Charlotte, NC 28273

MAXIMUM CAPITAL EXPENDITURE: $0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 28, 2015

This certificate is effective as of the 27th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall materially comply with all representations made in its certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc., d/b/a BMA Nations Ford shall add no more than 6 additional dialysis stations for a total of no more than 24 certified dialysis stations at BMA Nations Ford following completion of the project and Project I.D. #F-10052-12, which shall include any home hemodialysis training or isolation stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall install plumbing and electrical wiring through the walls for 6 additional dialysis stations for a total of 24 stations, which shall include any home hemodialysis training or isolation stations.

4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall not offer or develop peritoneal or home dialysis training.

5. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 28, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
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<tr>
<td>Ordering of Equipment</td>
<td>May 7, 2015</td>
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<tr>
<td>Operation of Equipment</td>
<td>June 28, 2015</td>
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<tr>
<td>Certification of Stations</td>
<td>June 30, 2015</td>
</tr>
<tr>
<td>Occupancy/Offering of Stations</td>
<td>June 30, 2015</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10111-13

FID #955930

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Charlotte Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: DVA Healthcare Renal Care, Inc. d/b/a/ Charlotte Dialysis Center shall add one dialysis station to the existing facility for a total of no more than 35 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Charlotte Dialysis Center
2321 West Morehead Street
Charlotte, NC 28208

MAXIMUM CAPITAL EXPENDITURE: $199,411

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 9, 2013

This certificate is effective as of the 25th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall materially comply with all representations made in its certificate of need application and supplemental responses. In those instances where representations conflict, Charlotte Dialysis Center shall materially comply with the last-made representation.

2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall develop and operate no more than one additional dialysis station for a total of 35 certified stations which shall include any home hemodialysis training or isolation stations upon completion of this project.

3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one additional dialysis stations for a total of no more than 35 dialysis stations which shall include any isolation stations.

4. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 25, 2013.

TIMETABLE:

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<th>Event</th>
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<tr>
<td>Order Equipment</td>
<td>October 15, 2013</td>
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<tr>
<td>Operation of Equipment</td>
<td>December 15, 2013</td>
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<td>Occupancy/Offering of Service</td>
<td>January 1, 2014</td>
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<tr>
<td>Certification of Stations</td>
<td>January 1, 2014</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number #N-10081-13
FID #923431

ISSUED TO: Southeastern Regional Medical Center, Inc.
d/b/a Southeastern Health
300 West 27th Street
Lumberton, NC 28358

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Southeastern Regional Medical Center shall develop one additional cardiac catheterization laboratory for a total of two cardiac catheterization laboratories/Robeson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Regional Medical Center
300 West 27th Street
Lumberton, NC 28358

MAXIMUM CAPITAL EXPENDITURE: $0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2013

This certificate is effective as of the 29th day of July, 2013

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Southeastern Regional Medical Center, Inc. shall materially comply with all representations made in the certificate of need application.

2. Southeastern Regional Medical Center, Inc. shall upgrade its existing vascular catheterization equipment to develop one unit of cardiac catheterization equipment for a total of two units of cardiac catheterization equipment.

3. Southeastern Regional Medical Center, Inc. shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

4. Southeastern Regional Medical Center, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 16, 2013.

TIMETABLE:

Obtain Funds Necessary to Undertake Project  
August 28, 2013

Occupancy/Offering of Service  
October 1, 2013
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for
Project Identification Number #F-10101-13

FID #923515

ISSUED TO: Union Memorial Regional Medical Center, Inc.
d/b/a Carolinas Medical Center-Union
and The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center-Union
P.O. Box 5003
Monroe, NC 28111

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall replace existing Varian 2100CD linear accelerator located at the Edwards Cancer Center/Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center-Union
600 Hospital Drive
Monroe, NC 28112

MAXIMUM CAPITAL EXPENDITURE: $3,017,025

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2013

This certificate is effective as of the 26th day of July, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall materially comply with all representations made in the certificate of need application.

2. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall acquire no more than one linear accelerator to replace the existing Varian 2100CD linear accelerator for a total of no more than two linear accelerators upon completion of this project and Project I.D. #F-7525-06 involving the relocation of one linear accelerator from Carolinas Medical Center to Carolinas Medical Center-Union.

3. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall dispose of the Varian 2100CD linear accelerator by removing it from North Carolina.

4. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

5. Union Memorial Regional Medical Center, Inc. d/b/a Carolinas Medical Center-Union and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Union shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 9, 2013.

TIMETABLE:

Contract Award ________________________________ December 17, 2013
50% Completion of Construction ___________________________ February 4, 2014
Completion of Construction ______________________________ March 18, 2014
Occupancy/Offering of Service(s) ___________________________ April 1, 2014
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number  #J-8729-11

FID #110719

ISSUED TO: E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee)
968 Wait Avenue
Wake Forest NC 27588

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16e). The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE:  E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall develop no more than a 100-bed nursing facility on Rock Quarry Road in Raleigh/Wake County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Bellarose Nursing and Rehab Center
5120 Rock Quarry Road
Raleigh NC 27610

MAXIMUM CAPITAL EXPENDITURE:  $8,635,561

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  December 1, 2013

This certificate is effective as of the 30th day of July, 2013

Craig Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall materially comply with all representations made in the certificate of need application.

2. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall develop a new nursing home facility with no more than 100 licensed nursing care beds upon completion of the project.

3. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall submit all patient charges and actual per diem reimbursement rates for each source of patient payment to the CON Section at year end for each of the first two operating years following licensure of the beds in the facility.

4. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.

5. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.

6. The additional nursing care beds shall not be certified for participation in the Medicaid program prior to October 1, 2014 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.

7. For the first two full federal fiscal years of operation following completion of the project, E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee)’s actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.

8. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representations in the written statement as described in paragraph one of Policy GEN-4.

9. E.N.W., LLC (lessor) and BellaRose Nursing and Rehab Center, Inc. (lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Site Approval</td>
<td>December 1, 2013</td>
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<tr>
<td>Site Preparation</td>
<td>July 20, 2014</td>
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<tr>
<td>25% completion of Construction</td>
<td>November 1, 2014</td>
</tr>
<tr>
<td>50% completion of Construction</td>
<td>January 15, 2015</td>
</tr>
<tr>
<td>75% completion of Construction</td>
<td>April 1, 2015</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>June 15, 2015</td>
</tr>
<tr>
<td>Licensure</td>
<td>July 1, 2015</td>
</tr>
</tbody>
</table>
STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number #J-8819-12
FID #943980

ISSUED TO: Maxim Healthcare Services, Inc.
2106 South 17th Street
Wilmington, NC 28401

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Maxim Healthcare Services, Inc. shall develop a Medicare-certified home health agency in Wake County/Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Maxim Healthcare Services
5510 Six Forks Road, Suite 125
Raleigh, NC 27609

MAXIMUM CAPITAL EXPENDITURE: $50,149

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2013

This certificate is effective as of the 31st day of July, 2013

[Signature]
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Maxim Healthcare Services, Inc. shall materially comply with all representations made in the certificate of need application and additional information.

2. Maxim Healthcare Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 24, 2012.

TIMETABLE:

Acquisition of Equipment ____________________________ September 1, 2013
Certification of Facility ______________________________ December 31, 2013
STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number  #D-10089-13

FID #933533

ISSUED TO:  Watauga Medical Center
336 Deerfield Road
Boone, NC 28607

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE:  Watauga Medical Center shall acquire no more than one peripheral vascular lab/ Watauga County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  Watauga Medical Center
336 Deerfield Road
Boone, NC 28607

MAXIMUM CAPITAL EXPENDITURE:  $1,862,951

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  November 1, 2013

This certificate is effective as of the 2nd day of July, 2013

Craig L. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation
CONDITIONS:

1. Watauga Medical Center shall materially comply with all representations made in the certificate of need application.

2. Watauga Medical Center shall not acquire, as part of this project, any equipment that is not included in the project’s proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.

3. Watauga Medical Center shall not use the peripheral vascular procedure room or equipment purchased in this project to provide cardiac catheterization services as defined in N.C.G.S. 131E-176 (2g).

4. Watauga Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 12, 2013.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR __________________________ September 1, 2013
50% Completion of Construction __________________________ November 15, 2013
Occupancy/Offering of Services __________________________ January 1, 2014