<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>Cabarrus</td>
<td>F-010155-13</td>
<td>Carolinas Medical Center-NorthEast 943049 Concord</td>
<td>Replace linear accelerator</td>
<td>08/01/2013</td>
<td>11/30/2013</td>
<td>$6,251,400.00</td>
<td>04/03/2014</td>
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<tr>
<td>Chowan</td>
<td>R-010150-13</td>
<td>Edenton Dialysis Center 130276 Edenton</td>
<td>Relocate Edenton Dialysis Center within City of Edenton</td>
<td>07/01/2013</td>
<td>11/04/2013</td>
<td>$1,452,013.00</td>
<td>10/15/2014</td>
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<tr>
<td>Mecklenburg</td>
<td>F-010158-13</td>
<td>Carolinas Medical Center/Center for Mental Health 943070 Charlotte</td>
<td>Develop a second hybrid OR by acquiring and installing endovascular imaging equipment in an existing OR</td>
<td>08/01/2013</td>
<td>11/01/2013</td>
<td>$4,999,133.00</td>
<td>02/28/2014</td>
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<tr>
<td>Nash</td>
<td>L-010177-13</td>
<td>FMC South Rocky Mount 130370 Rocky Mount</td>
<td>Relocate 12 dialysis stations from BMA Rocky Mount to FMC South Rocky Mount, a new 12-station facility to be located in Rocky Mount</td>
<td>09/01/2013</td>
<td>11/19/2013</td>
<td>$1,679,564.00</td>
<td>03/30/2014</td>
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<tr>
<td>Wake</td>
<td>J-010152-13</td>
<td>FMC Northern Wake 130278 Raleigh</td>
<td>Relocate 10 dialysis stations from BMA Wake and 3 stations from BMA Southwest Wake to develop a new 13-station facility in North Raleigh</td>
<td>07/01/2013</td>
<td>11/03/2013</td>
<td>$3,374,036.00</td>
<td>05/15/2014</td>
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<tr>
<td>Wake</td>
<td>J-010164-13</td>
<td>Duke Raleigh Hospital 923421 Raleigh</td>
<td>Replace existing linear accelerator</td>
<td>09/01/2013</td>
<td>11/30/2013</td>
<td>$8,292,201.00</td>
<td>09/15/2014</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 #F-10155-13

FID #943049

ISSUED TO: The Charlotte-Mecklenburg Hospital
d/b/a Carolinas Medical Center-NorthEast
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

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: Replace existing linear accelerator/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center-NorthEast
920 Church Street, North
Concord, NC 28025

MAXIMUM CAPITAL EXPENDITURE: $6,251,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 3, 2014

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

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

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

2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall acquire no more than one linear accelerator to replace an existing linear accelerator for a total of no more than two linear accelerators upon project completion.

3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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 applicants’ representations in the written statement as described in paragraph one of Policy GEN-4.

5. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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 November 13, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain funds necessary to undertake project</td>
<td>February 1, 2014</td>
</tr>
<tr>
<td>Ordering Equipment</td>
<td>February 2, 2014</td>
</tr>
<tr>
<td>Approval of Final Drawings and Specifications</td>
<td>February 20, 2014</td>
</tr>
<tr>
<td>by the DHISR Construction Section</td>
<td></td>
</tr>
<tr>
<td>Contract Award</td>
<td>February 21, 2014</td>
</tr>
<tr>
<td>25% Completion of Construction</td>
<td>March 14, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>April 4, 2014</td>
</tr>
<tr>
<td>75% Completion of Construction</td>
<td>April 25, 2014</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>May 16, 2014</td>
</tr>
<tr>
<td>Arrival of Equipment</td>
<td>May 16, 2014</td>
</tr>
<tr>
<td>Occupancy/Offering of Service</td>
<td>July 1, 2014</td>
</tr>
<tr>
<td>Operation of Equipment</td>
<td>October 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  #R-10150-13

FID #130276

ISSUED TO:  DVA Healthcare Renal Care, Inc.
d/b/a Edenton Dialysis Center
312 Medical Arts Drive
Lot 6, Edenton Medical Park
Edenton, NC 27932

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:  Relocate Edenton Dialysis Center within the town of Edenton/Chowan County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  312 Medical Arts Drive
Lot 6, Edenton Medical Park
Edenton, NC 27932

MAXIMUM CAPITAL EXPENDITURE:  $1,452,013

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  October 15, 2014

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

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

1. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall materially comply with all representations made in the certificate of need application.

2. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall relocate and operate no more than a total of seventeen (17) certified dialysis stations which shall include any isolation stations.

3. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall install plumbing and electrical wiring through the walls for no more than seventeen (17) dialysis stations which shall include any isolation stations.

4. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall not develop or offer home dialysis services as part of this project.

5. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall provide the CON Section with a copy of a letter sent to a local health professional training program indicating an interest in establishing a training program relationship at Edenton Dialysis Center.

6. DVA Healthcare Renal Care, Inc. d/b/a Edenton 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 documenting conformance with condition #5 and 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 November 8, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of Final Drawings</td>
<td>June 1, 2014</td>
</tr>
<tr>
<td>50% Completion of Construction</td>
<td>January 1, 2015</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>May 1, 2015</td>
</tr>
<tr>
<td>Operation of Equipment</td>
<td>June 1, 2015</td>
</tr>
<tr>
<td>Certification of Stations</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 #F-10158-13
FID #943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Medical Center
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

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: Develop a second hybrid OR by acquiring and installing endovascular imaging equipment in an existing OR/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

MAXIMUM CAPITAL EXPENDITURE: $4,999,133

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 28, 2014

This certificate is effective as of the 1st day of November, 2013

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

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in its certificate of need application.

2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acquire no more than one angiographic endovascular imaging system to be installed in an existing operating room.

3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not perform cardiac catheterization procedures that are routinely performed in a cardiac catheterization room on the angiography equipment in the hybrid operating room.

4. Upon completion of this project (develop a hybrid OR), The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall be licensed for no more than 47 operating rooms, including 5 open heart surgery, 4 dedicated C-Section, 1 other dedicated inpatient surgery, 11 dedicated ambulatory surgery operating rooms, and 26 shared operating rooms.

5. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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 which would otherwise require a certificate of need.

6. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 October 15, 2013.

TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Award</td>
<td>May 6, 2014</td>
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<tr>
<td>50% Completion of Construction</td>
<td>August 4, 2014</td>
</tr>
<tr>
<td>Completion of Construction</td>
<td>December 2, 2014</td>
</tr>
<tr>
<td>Occupancy/Offering of Services</td>
<td>January 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  #L-10177-13

FID #130370

ISSUED TO:  Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC South Rocky Mount
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:  Develop a new 12-station dialysis facility in Rocky Mount by relocating no more than 12 existing dialysis stations from BMA Rocky Mount/ Nash County

CONDITIONS:  See Reverse Side

PHYSICAL LOCATION:  FMC South Rocky Mount
1680 S. Wesleyan Boulevard
Rocky Mount, NC 27803

MAXIMUM CAPITAL EXPENDITURE:  $1,679,564

TIMETABLE:  See Reverse Side

FIRST PROGRESS REPORT DUE:  March 30, 2014

This certificate is effective as of the 19th day of November, 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 South Rocky Mount shall materially comply with all representations made in the certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall develop and operate no more than 12 dialysis stations at FMC South Rocky Mount, which shall include any isolation and home hemo-dialysis training stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations which shall include any isolation and home hemo-dialysis training stations.

4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 12 dialysis stations at BMA Rocky Mount for a total of no more than 30 dialysis stations at BMA Rocky Mount, upon completion of the relocation of those stations to the FMC South Rocky Mount facility.

5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount 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 October 22, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications __________________________ February 25, 2014
25% Completion of Construction __________________________ June 10, 2014
75% Completion of Construction __________________________ September 23, 2014
Completion of Construction __________________________ November 7, 2014
Operation of Equipment __________________________ December 26, 2014
Occupancy/Offering of Service __________________________ 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 #J-10152-13

FID #130278

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC Northern Wake and O2P LLC
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: Develop a new 13-station dialysis facility in Raleigh by relocating 10 dialysis stations from BMA Wake and 3 dialysis stations from BMA Southwest Wake/Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Northern Wake
8820 Wadford Road
Raleigh, NC 27616

MAXIMUM CAPITAL EXPENDITURE: $3,374,036

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2014

This certificate is effective as of the 3rd day of November, 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 Northern Wake and O2P LLC shall materially comply with all representations made in the certificate of need application.

2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall relocate no more than 13 dialysis stations to FMC Northern Wake, which shall include any isolation or home hemodialysis stations.

3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall install plumbing and electrical wiring through the walls for no more than 13 dialysis stations, which shall include any isolation or home hemodialysis stations.

4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 10 dialysis stations at BMA Wake for a total of no more than 40 dialysis stations at BMA Wake.

5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at BMA Southwest Wake for a total of no more than 28 dialysis stations at BMA Southwest Wake.

6. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC 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 October 10, 2013.

TIMETABLE:

Completion of Final Drawings ____________________________________________ April 2, 2014
Contract Award ________________________________________________________ May 2, 2014
25% Completion of Construction __________________________________________ July 1, 2014
50% Completion of Construction __________________________________________ August 15, 2014
75% Completion of Construction __________________________________________ September 29, 2014
Ordering Equipment _____________________________________________________ October 2, 2014
Completion of Construction ______________________________________________ November 13, 2014
Occupancy/Offering of Service __________________________________________ 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 #J-10164-13
FID #923421

ISSUED TO: Duke University Health System
d/b/a Duke Raleigh Hospital
3100 Tower Boulevard, Suite 1300
Durham, NC 27707

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: Replace Linear Accelerator/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Raleigh Hospital
3400 Wake Forest Road
Raleigh, NC 27607

MAXIMUM CAPITAL EXPENDITURE: $8,292,201

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2014

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

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

1. Duke University Health System d/b/a Duke Raleigh Hospital shall materially comply with all representations made in this certificate of need application.

2. Duke University Health System d/b/a Duke Raleigh Hospital shall acquire no more than one linear accelerator to replace the existing Varian 2/EX linear accelerator for a total of no more than one linear accelerator upon project completion.

3. Duke University Health System d/b/a Duke Raleigh Hospital shall dispose of the Varian 2/EX linear accelerator by removing it from North Carolina.

4. Duke University Health System d/b/a Duke Raleigh 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 that would otherwise require a certificate of need.

5. Duke University Health System d/b/a Duke Raleigh 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.

6. Duke University Health System d/b/a Duke Raleigh 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 November 26, 2013.

TIMETABLE:

25% Completion of Construction September 15, 2014
50% Completion of Construction March 1, 2015
Ordering Equipment March 1, 2015
Operation of Equipment September 30, 2015
Completion of Construction January 31, 2016