

December 31, 2018

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

GERTIFICATE OF NEED PROGRAM
DEPARTIMENT OF HEALTH

Dear Ms. Sigman:

Continuum Care of Snohomish LLC here within submits a letter of intent proposing to establish a Medicare certified/Medicaid eligible hospice agency. In conformance with the requirements of WAC 246-310-080, the following information is provided:

1. A Description of the Extent of Services Proposed:

Continuum Care of Snohomish LLC proposes to establish a Medicare certified/Medicaid eligible hospice agency located in, and serving, Snohomish County.

2. Estimated Cost of the Proposed Project:

The capital required to establish the agency is estimated at \$102,200.

3. Description of the Service Area:

The primary service area for the hospice agency will be Snohomish County.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Samuel Stern,

Managing Member and Chief Executive Officer

2300 Clayton Rd, Suite 1220. Concord, CA. 94520