



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 7, 2010

CERTIFIED MAIL # 7008 1300 0000 7202 9416

Kelly Wallace, Senior VP & CFO
Seattle Children's Hospital
4800 Sandpoint Way
Seattle, Washington 98105-0371

Dear Mr. Wallace:

Enclosed is Certificate of Need #1432 issued to Seattle Children's Hospital approving the establishment of a dental ambulatory surgery center in the North King Secondary Health Services Planning Area.

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

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

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

Appeal Option 1:

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

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail

Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501



Appeal Option 2:

You or any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

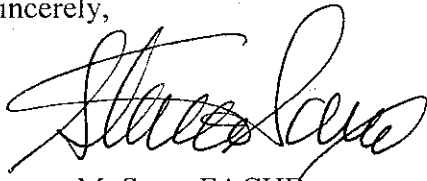
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Clerk Office
310 Israel Road SE, Building 6
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Karen Stricklett, Department of Health, Customer Service Office



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1432 is issued to:

Legal Name of Applicant: Seattle Children's Hospital
4800 Sandpoint Way NE
Address of Applicant: M/S T-0111 Post Office Box 5371
Seattle, Washington 98105-0371
Type of Service: Dental Ambulatory Surgery Center
Facility Name: Seattle Children's Dental ASC
Facility Address: 6222 NE 74th Street
Seattle, Washington 98115

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON
THE DEPARTMENT'S RECORD AND EVALUATION OF NOVEMBER 18, 2010.
(CN APP #10-28)**

Project Description:

This certificate approves the establishment of a dental ambulatory surgery center at the address identified above. Services to be provided at Seattle Children's ASC include dental or oral surgery services to patients age 21 or younger.

Service Area

North King County Secondary Health Planning Area

Approved Capital Expenditure

The approved capital expenditure for the project is \$3,463,192.

Condition

The Seattle Children's Dental ASC will be limited exclusively to providing dental or oral surgery services to patients using the facility.

This Certificate authorizes commencement of the project from December 7, 2010, to December 7, 2012, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 7, 2010

A handwritten signature in black ink, appearing to read "Steven Saxe", written over a horizontal line.

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable