



**FRESENIUS
KIDNEY CARE**

January 16, 2018

RECEIVED

JAN 17 2018

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Karen Nidermayer, Analyst
Certificate of Need Program
Community Health Systems
111 Israel Road SE
Tumwater WA 98501

Re. Fresenius Medical Care Certificate of Need Application (CN #18-12) to Add Three Dialysis Stations to FKC South Tacoma Dialysis Center-Request to Withdraw Application

Dear Ms. Nidermayer:

Fresenius Medical Care wishes to withdraw this certificate of need application, CN #18-12, effective immediately. It is our understanding, the Department will refund 75% of the application fee, given our written request to withdraw this application is before beginning of review. Please return that refund to Fresenius Medical Care to me at the address listed below.

If there are any questions regarding this request, please contact me. I can be reached at: ann.sullivan@fmc-na.com or at: 253.445.7523 (office).

Yours Truly,

Ann Sullivan MBA BSN RN
Director of Operations-Puget Sound
Fresenius Medical Care
702 S. Park Drive
Puyallup WA 98373



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 18, 2018

Ann Sullivan, Director of Operations
Fresenius Medical Care
702 South Park Drive
Puyallup, Washington 98373

RE: Certificate of Need Application #18-12

Dear Ms. Sullivan:

Thank you for your January 16, 2018, letter requesting to withdraw the Certificate of Need application submitted on behalf of Fresenius Medical Care proposing to add three dialysis stations to FKC South Tacoma Dialysis Center located in ESRD planning area Pierce 4. As of the date of this letter, your application is considered withdrawn.

As outlined in Washington Administrative Code 246-310-990(4), the department will refund 75 percent of the review fee and begin processing a warrant in the amount of \$18,790.50 payable to "Fresenius Medical Care." The refund will be sent to you at the following address:

Fresenius Medical Care
702 South Park Drive
Puyallup, Washington 98373

If you have any questions regarding the refund, you may call me directly at (360) 236-2957 or e-mail me at karen.nidermayer@doh.wa.gov.

Sincerely,

Karen Nidermayer, Analyst
Certificate of Need Program
Community Health System