

Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: dph.don@state.ma.us Include all attachments as requested.	
Application Number: NEWCO-17082413-TO Original Applie	cation Date: 09/08/2017
Applicant Name: Lahey Health System, Inc.	
Application Type: Transfer of Ownership	
Applicant's Business Type: O Corporation O Limited Partnership O Partnership O Trust	OLLC OOther
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of	f this Application? • Yes No
The undersigned certifies under the pains and penalties of perjury:	
1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that	at are the subject of this Application;
2. I have were to 5 CMR 100.000, the Massachusetts Determination of Need Regulation;	
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant	to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments	
information contained herein is accurate and true;	
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 (CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Progra	am, and, as applicable, to all
Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);	
7. I have caused, as required, notices of intent to be published and duplicate copies to be subm	nitted to all Parties of Record, and
all carriers or third-party administrators, public and commercial, for the payment of health care services with which the	
Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et	: seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs	pursuant to 105 CMR
100.405(E) and 301 CMR 11.00;	
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Ch	ange to the HPC - in
accordance with 105 CMR 100.405(G);	
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project	
substantial compliance and good standing with relevant federal, state, and local laws and re	gulations, as well as with all
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11. I have read and understand the limitations on solicitation of funding from the general public	prior to receiving a Notice of
Determination of Need as established in 105 CMR 100.415;	724 2 2 3
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated t	
pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that	
otherwise become a part of the Final Action pursuant to 105 CMR 100.360;	
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site	
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under appli	icable zoning by-laws or
ordinances, whether or not a special permit is required; or,	
a. If the Proposed Project is not authorized under applicable zoning by-laws or ordir	hances, a variance has been
received to permit such Proposed Project; or,	
b. The Proposed Project is exempt from zoning by-laws or ordinances.	
Corporation:	
Attach a copy of Articles of Organization/Incorporation, as amended	а
Howard Grant, JD MD JA ANA HVAN	09/07/2017
CEO for Corporation Name:	Date
Ann-Ellen Hornidge, JD Am- Cleve Touridge	09/07/2017
Board Chair for Corporation Name: Signature:	Date

* been informed of

** issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017