

Massachusetts Department of Public Health Determination of Need

Version: 7-6-17

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.

Applica	ation Number: NEWCO-17082413-TO Original Application I	Date: 09/08/2017	
Applicant Name: Seacoast Regional Health Systems, Inc			
Application Type: Transfer of Ownership			
Applicant's Business Type:			
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? No			
The un	dersigned 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 are the	he subject of this Application	
2.	I have read: 105 CMR 100.000, the Massachusetts Determination of Need Regulation;	ne subject of this Application,	
3.	I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105	CMP 100 900.	
4.			
4.	I have read this application for Determination of Need including all exhibits and attachments, and c	ertify that all of the	
_	information contained herein is accurate and true;	2 425/8)	
5.	I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 10		
6.	I have submitted the required copies of this application to the Determination of Need Program, 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 submitted t	o 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.		nt to 105 CMD	
0.	I have caused proper notification and submissions to the Secretary of Environmental Affairs pursua	nt 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 Change 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 are in material and		
substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all		ns, as well as with all	
	proportionally changed Notices of Determination of Need সমগ্রেকার সমস্ক্রিকার সমস্ক্রিকার সমস্কর্তিক সমস্কর্ত		
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;		
12.			
	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;	or that otherwise become a	
13.	Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and		
14.	Pursuant to 105 CMR 100.705(A), I certify that the Applicant has sufficient interest in the Site of facility, and		
14.		coning 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 ordinances, 	, a variance has been	
	received to permit such Proposed Project; or,		
	 b. The Proposed Project is exempt from zoning by-laws or ordinances. 		
C	- Many		
Corporation:			
Attach a copy of Articles of Organization/Incorporation, as appendiced // // // // // //			
1/VV 8 1 A 2 O U 1 A 2 O 0 0 7 7 20 1 7			
Mark L.	Goldstein	09/07/2017	
CEO for Corporation Name: Signature: Date			
CEO for Corporation Hallie.			
David J. LaFlamme Og/07/2017		09/07/2017	
Board Chair for Corporation Name: Signature: Date		Date	

NEWCO-17082413-TO

^{*}been informed of

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