

March 21, 2018

**BARRETT  
& SINGAL**

Via Email and Hand Delivery – Return Receipt Requested

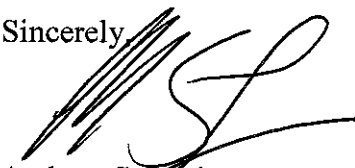
Nora Mann, Esq., Program Director  
Determination of Need Program  
Department of Public Health  
250 Washington Street  
Boston, MA 02108

Re: Application Number – PHS-17070616-RE  
Shields PET-CT at Berkshire Medical Center, LLC for Substantial Change in  
Service

Dear Attorney Mann:

We write on behalf of Shields PET-CT at Berkshire Medical Center, LLC (“Holder”) with respect to the above captioned Determination of Need Notice of Final Action (“DoN”). In compliance with 105 CMR 100.310(B), enclosed please find the Holder’s Attestation of Acknowledgement and Receipt of the DoN (“Attestation”). By way of this letter, all Parties of Record are hereby provided a copy of the Attestation as required under the regulation.

Sincerely,



Andrew S. Levine

Enclosure

cc: R. Rodman, Esq.  
CHIA ([hcf.data2@state.ma.us](mailto:hcf.data2@state.ma.us))  
HPC ([hpc-dph.filings@state.ma.us](mailto:hpc-dph.filings@state.ma.us))  
AG ([hcd-don-filings@state.ma.us](mailto:hcd-don-filings@state.ma.us))  
S. Sauter  
B. Demianiuk

Attestation of Acknowledgment and Receipt of Determination of Need  
Pursuant to 105 C.M.R. § 100.310(B)

I, the undersigned Authorized Manager and Board Representative of Shields PET-CT at Berkshire Medical Center, LLC (the "Holder"), hereby attest that the Holder is in receipt of the Determination of Need Notice of Final Action, dated October 4, 2017, issued to the Holder by the Massachusetts Department of Public Health (the "Department") with respect to Project No. 17070616-RE. Pursuant to 105 CMR 100.310(B), this attestation is being provided to the Department and to all Parties of Record.

IN WITNESS WHEREOF, the undersigned has duly executed this Attestation on this  
15<sup>th</sup> day of March, 2018.

Shields PET-CT at Berkshire Medical Center, LLC

A handwritten signature in black ink, appearing to read 'Thomas A. Shields', written over a horizontal line.

By: Thomas A. Shields

Its: Authorized Manager and Board Representative