

March 21, 2018

**BARRETT
& SINGAL**

Via Email and Hand Delivery – Return Receipt Requested

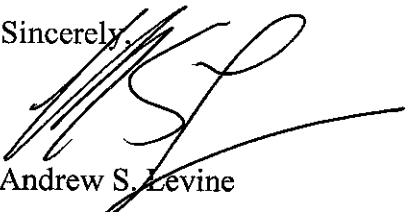
Nora Mann, Esq., Program Director
Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

Re: Application Number – PHS-17111513-HE
Partners HealthCare System, Inc. for Substantial Capital Expenditure at Brigham
and Women's Hospital

Dear Attorney Mann:

We write on behalf of Partners HealthCare System, Inc. ("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.
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HPC (hpc-dph.filings@state.ma.us)
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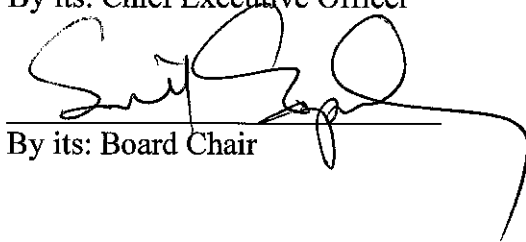
Attestation of Acknowledgment and Receipt of Determination of Need
Pursuant to 105 C.M.R. § 100.310(B)

We, the undersigned chief executive officer and board chair of Partners HealthCare System, Inc. (the "Holder"), hereby attest that the Holder is in receipt of the Determination of Need Notice of Final Action, dated March 7, 2018, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. 17111513-HE. Pursuant to 105 CMR 100.310(B), this attestation is being provided to the Department and to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this 14th day of March, 2018.

PARTNERS HEALTHCARE SYSTEM, INC.


By its: Chief Executive Officer


By its: Board Chair