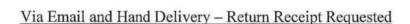
March 9, 2018



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



Application Number - PHS-17071716-TO

Partners HealthCare System, Inc. Transfer of Ownership of Massachusetts Eye

and Ear Infirmary

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.

CHIA (hcf.data2@state.ma.us)

HPC (hpc-dph.filings@state.ma.us)

AG (hcd-don-filings@state.ma.us)

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& SINGAL

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 February 15, 2018, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. PHS-17071716-TO. 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 6th day of March, 2018.

PARTNERS HEALTHCARE SYSTEM, INC.

By its: Chief Executive Officer

By its: Board Chair