

August 13, 2018

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Meridian Surgery Center hereby submits this Letter of Intent to convert its Certificate of Need (CN) exempt ASC to a CN approved ASC. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Meridian Surgery Center (Meridian) is a CN exempt ASC located in the East Pierce Secondary Health Services Planning Area (East Pierce). Meridian proposes to convert the single room ASC to a CN approved facility.

2. Estimated Cost of the Proposed Project:

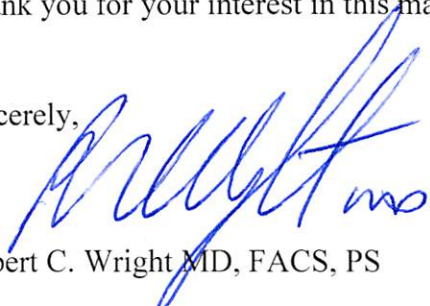
The estimated capital expenditure is \$0.

3. Description of the Service Area:

Meridian serves patients from throughout the Southern Puget Sound, but is physically located in Puyallup, which is within East Pierce. For purposes of this proposed CN, the service area is East Pierce.

Thank you for your interest in this matter. Please contact me directly with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert C. Wright", is written over the printed name below.

Robert C. Wright MD, FACS, PS