

Health Care Market Oversight (HCMO) Program Notice of Material Change Transaction

I. General Information about the Transaction and Entities

1. Provide the name, title, organization, and email address of the individual completing this form on behalf of the applicant.

Name	Elliot McMillan
Title	Vice President
Organization	Willamette Healthcare LLC
Email Address	Elliot.mcmillan@pennantservices.com

Provide a mailing address for OHA to send a physical copy of the final order.

Name	Elliot McMillan
Address	1675 E Riverside Dr
Unit/Number	Suite 200
City	Eagle
State	Idaho
Zip	83616

2. What type of material change transaction is the applicant proposing?

Acquisition

3. What is the proposed effective date of the material change transaction?

January 1, 2025

4. Briefly describe the applicant completing this notice.
Describe the notifying applicant's business (including business lines or segments), ownership type (corporation, partnership, limited liability corporation, etc.), governance and operational structure (including ownership of or by a health care entity), annual revenues, and geographic areas of operation. For health care entities, also include provider type (hospital, physician group, etc.), facilities owned or operated, service lines, number of staff, geographic service area(s), and capacity or patients served in Oregon (e.g., number of licensed beds, number of patients, quantity of services provided annually). Include the mailing address, website(s), and Federal Tax ID(s) of the applicant.

The applicant completing this notice is Willamette Healthcare LLC, (FEIN: 99-3326806) a Nevada limited liability company, whose sole member is Cornerstone Healthcare, Inc., a Nevada corporation. Cornerstone is a wholly owned subsidiary of The Pennant Group, Inc. The Pennant Group, Inc. is a publicly traded company (PNTG).

Willamette is a newly formed LLC and therefore does not have any history of annual revenues. Its sole function will be to operate the home health agencies located in Eugene and Albany, Oregon. The service area for these home health operations will mirror the current service areas for the seller operations.

Willamette will be led by local leadership. Willamette firmly believes that healthcare is local, which means the best way to accomplish its mission of providing life-changing service is to empower local leaders to meet the needs of those they have the pleasure of serving, all while being supported with cutting-edge systems and resources. To this end, our home health and hospice agencies operate relatively independently and have no traditional corporate headquarters. Instead, they are supported by a “Service Center,” a world-class team of professional resources that advise on their respective areas of expertise. This allows on-site leaders and clinicians to focus squarely on day-to-day care and business issues in their individual agencies.

The Pennant Group, Inc. is a holding company of independent operating subsidiaries that provide healthcare services through 113 home health and hospice agencies and 54 senior living communities located throughout Arizona, California, Colorado, Idaho, Iowa, Montana, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wisconsin and Wyoming. The Pennant Group currently has 2 affiliate home health operations, and 2 affiliate hospice operations in the state of Oregon. Each of these businesses is operated by a separate, independent operating subsidiary that has its own management, employees and assets. Financial Information for The Pennant Group, Inc. can be found on Pennant’s investor relations page (<https://investor.pennantgroup.com/>).

SUPPLEMENTAL RESPONSE:

Rogue River Healthcare LLC and Connected Healthcare, Inc. are subsidiaries of Cornerstone Healthcare, Inc. located in the state of Oregon.

Legal Name	Rogue River Healthcare LLC	Connected Healthcare, Inc.
Db	Riverside Home Health Care and Hospice and Riverside Home Health and Hospice - Medford	Connected Home Health and Hospice
NPI No.	1841805223	HH: 1063780492; Hosp: 1871972224
Address	402 SE G Street, Grants Pass, OR 97526-3066; and 606 Medford Center, Medford, OR 97504	7515 NE Ambassador Place, Ste C, Portland, OR 97220
Website	www.riversidehh.com	www.connectedhh.com
Service Area	Josephine, Douglas, and Jackson counties	Multnomah, Clackamas, Washington, Columbia, Marion, and Yamhill counties
Total number of employees	79	58
Number of patients served	Home Health Average Daily Census (ADC) 392; Hospice ADC 31	Home Health ADC 203; Hospice ADC 26

5. Describe all other entities involved in the proposed transaction.

For each entity, describe the entity’s business (including business lines or segments), ownership type (corporation, partnership, limited liability corporation, etc.), governance and operational structure (including ownership of or by a health care entity), annual revenues, and geographic areas of operation. For health care entities, also include provider type(hospital, physician group, etc.), facilities owned or operated, service lines, number of staff, geographic service area(s), and capacity or patients served in Oregon (e.g., number of licensed beds, number of patients, quantity of services provided annually). Include the mailing address, website(s), and Federal Tax ID(s) of entities involved in the proposed transaction. Limit the response to 500 words per entity described.

This transaction will encompass the acquisition of a number of wholly owned subsidiaries of Signature Group, LLC (seller entities) by wholly owned subsidiaries of Cornerstone Healthcare, Inc. a subsidiary of The Pennant Group, Inc. (buyer entities), as follows:

Avamere Home Health Care, LLC will sell the assets of its Eugene and Albany Home Health operations to Willamette Healthcare LLC, and Signature Hospice Eugene, LLC will sell the assets of its Eugene and Albany hospice operations to Willamette Healthcare, LLC

Avamere Home Health Care, LLC, (AHHC) an Oregon limited liability company (EIN: 93-1282889) a wholly owned direct subsidiary of Signature Group, LLC whose primary location is 1200 Executive Parkway, Suite 400, Eugene, OR 97401 and currently serves 475 home health eligible patients within a 60-mile radius of that location. AHHC employs 49 FT/PT and 12 PRN employees in Eugene and 38 FT/PT and 9 PRN employees in Albany. The 2023 annual revenue from the Eugene and Albany home health operations was \$12,124,105.03.

Signature Hospice Eugene, LLC, an Oregon limited liability company (EIN: 85-3294042) is a wholly owned indirect subsidiary of Signature Group, LLC whose primary location is 1200 Executive Parkway, Suite 400, Eugene, Oregon and currently serves 123 hospice eligible patients within a 60-mile radius of that location. Signature Hospice Eugene, LLC employs 36 PT/FT and 6 PRN employees in Eugene and 7 FT/PT employees in Albany. The 2023 annual revenue from the Eugene and Albany hospice operations was \$6,808,291.43.

Provide the website of Avamere Home Health Care, LLC and Signature Hospice Eugene, LLC

www.sighch.com

Include the name and address of all locations in Oregon affiliated with Signature Group, LLC and any other subsidiary or affiliated entity including Avamere Home Health Care, LLC. Include all entities affiliated with Avamere assisted living facilities.

Avamere Home Health Care, LLC is a direct subsidiary of Signature Group, LLC. The name and address of all other direct or indirect subsidiaries of Signature Group, LLC are as follows:

NP2U, LLC located at 7632 SW Durham Road, Suite 105, Tigard, OR 97224

Northwest Hospice, LLC located at 7632 SW Durham Road, Suite 130, Tigard, OR 97224

Signature Home Health Bend, LLC located at 454 NE Revere Avenue, Bend, Oregon

Signature Hospice Bend, LLC located at 454 NE Revere Avenue, Bend, Oregon

Avamere Home Health Care, LLC located at 1200 Executive Parkway, Suite 400, Eugene, OR 97401

Signature Hospice Eugene, LLC located at 1200 Executive Parkway, Suite 400, Eugene, OR 97401

Avamere Home Health Care, LLC located at 834 South Front Street, Central Point, OR

Signature Hospice Medford, LLC located at 834 South Front Street, Central Point, OR

Signature Coastal, LLC is located at 798 SE Highway 101, Lincoln City, Oregon

Signature Hospice Oregon Coast, LLC is located at 796 SE Highway 101, Lincoln City, Oregon

Please see the attached document entitled Signature Organizational Chart.

The primary owners of Signature Group Holdings, LLC which are K. Rickard Miller, Jr., Revocable Trust, Dillon Family Trust and Odermott Family Trust are also the owners of Avamere Group, LLC and NAIR, LLC.

The name and address of all assisted living facilities in Oregon operated by indirect subsidiaries of Avamere Group, LLC are as follows:

Avamere Sandy Operations, LLC dba Avamere at Sandy located at 17727 SE Langensand Road, Sandy, OR 97055

Keizer River Operations, LLC dba The Arbor at Avamere Court located at 450 Clagget Court N., Keizer, OR 97303

Avamere Bethany Operations, LLC dba Avamere at Bethany located at 16360 NW Avamere Court, Portland, OR 97229

Cascadia Village Operations, LLC dba Avamere at Cascadia Village located at 39495 Cascadia Village Drive, Sandy, OR 97055

Roseburg Operations, LLC dba Avamere at Oak Park located at 1400 NE Rocky Ridge Drive, Roseburg, OR 97470

Albany Operations, LLC dba Avamere at Albany located at 2800 14th Avenue SE, Albany, OR 97322

Avamere Sherwood Operations, LLC dba Avamere at Sherwood located at 16500 Century Drive, Sherwood, OR 97140

Avamere St. Helens Operations, LLC dba Avamere at St. Helens located at 2400 Gable Road, St. Helens, OR 97051

Avamere Hillsboro Operations, LLC dba Avamere at Hillsboro located at 2000 SE 30th Avenue, Hillsboro, OR 97123

Avamere Stafford Operations, LLC dba The Stafford located at 1200 Overlook Drive, Lake Oswego, OR 97034

Genesis Newberg Operations, LLC dba Avamere at Newberg located at 7300 Foothills Drive, Newberg, OR 97132

Forest Drive Operations, LLC dba Suzanne Elise Assisted Living Community located at 101 Forest Drive, Seaside, OR 97138

Necanicum Operations, LLC dba Avamere at Seaside located at 2500 S. Roosevelt Drive, Seaside, OR 97128

The name and address of all skilled nursing facilities in Oregon operated by indirect subsidiaries of Avamere Group, LLC are as follows:

Eugene Rehabilitation, LLC dba Avamere Rehabilitation of Eugene located at 2360 Chambers St., Eugene, OR 97405

Coos Bay Rehabilitation, LLC dba Avamere Rehabilitation of Coos Bay located at 2625 Coos Bay Blvd., Coos Bay, OR 97420

Clackamas Rehabilitation, LLC dba Avamere Rehabilitation of Clackamas located at 220 E. Hereford, Gladstone, OR 97027

Junction City Rehabilitation, LLC dba Avamere Rehabilitation of Junction City located at 530 Birth Street, Junction City, OR 97448

Lebanon Care Center, LLC dba Avamere Rehabilitation of Lebanon located at 350 S. 8th, Lebanon, OR 97355

Mountain View Rehab, LLC dba Avamere Rehabilitation of Oregon City located at 1400 Division, Oregon City, OR 97045

King City Rehab, LLC dba Avamere Rehabilitation of King City located at 16485 SW Pacific Highway, Portland, OR 97224

Newport Rehabilitation, LLC dba Avamere Rehabilitation of Newport located at 835 SW 11th Avenue, Newport, OR 97365

Peckham-Miller, Inc. dba Avamere Rehabilitation of Hillsboro located at 650 SE Oak Street, Hillsboro, OR 97123

Riverpark Operations, LLC dba Avamere Riverpark of Eugene located at 425 Alexander Loop, Eugene, OR 97401

Crestview Operations, LLC dba Avamere Crestview of Portland located at 6530 SW 30th Avenue, Portland, OR 97239

Waterford Operations, LLC dba Avamere at Waterford located at 760 Spring Street, Medford, Oregon

Medford Operations, LLC dba Avamere at Three Fountains located at 625 Stevens Street, Medford, Oregon 97504

Sunnyside Operations, LLC dba Avamere Transitional Care at Sunnyside located at 4515 Sunnyside Road SE, Salem, OR 97302

The name and address of all campuses in Oregon operated by indirect subsidiaries of Avamere Group, LLC are as follows:

Keizer Campus Operations, LLC dba Avamere Court at Keizer located at 5210 River Road N., Keizer, OR 97303

Avamere Lake Oswego Operations Investors, LLC dba The Pearl at Kruse Way located at 4550 Carman Drive, Lake Oswego, OR 97035

Please see the attached document entitled Avamere Group Organizational Chart.

The name and address of all assisted living facilities in Oregon operated by indirect subsidiaries of NAIR, LLC are as follows:

Chestnut Lane Operations, LLC dba Avamere at Chestnut Lane, located at 1219 NE 6th Street, Gresham, OR 97030

Tigard Operations, LLC dba Avamere at Park Place located at 8445 SW Hemlock Street, Tigard, OR 97223

Hermiston Highland Operations, LLC dba Avamere at Hermiston located at 980 W. Highland Avenue, Hermiston, OR 97838

The name and address of all skilled nursing facilities in Oregon operated by indirect subsidiaries of NAIR, LLC are as follows:

Ohana Harmony House, LLC dba Bend Transitional Care located at 900 NE 27th Street, Bend, OR 97701
Beaverton Rehab & Specialty Care, LLC dba Avamere Rehabilitation of Beaverton located at 11850 SW Allen Blvd.,
Beaverton, OR 97005
South Salem Rehabilitation, LLC dba South Salem Transitional Care located at 3445 Boone Road SE, Salem, OR 97317

The name and address of all campuses in Oregon operated by direct subsidiaries of NAIR, LLC are as follows:
Laurelhurst Operations, LLC dba Laurelhurst Village located at 3060 SE Stark Street, Portland, OR 97214

Please see the attached document entitled NAIR Organizational Chart.

6. Briefly describe the nature and objectives of the proposed material change transaction, including any changes in ownership, governance, or operational structure, any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of health care services).

The purchase and sale of seller entities by buyer entities will be an asset purchase of home health and hospice agencies. This is a cash transaction. There is no arrangement for a discount, rebate, or other refund or remuneration in exchange for provision of health services. No changes in health care services or access to care are anticipated in connection with the proposed transaction. The objective of the proposed transaction is to continue providing locally operated health care services to the communities who are served by these agencies.

7. Briefly describe any anticipated operational or management changes resulting from the transaction, including changes in health care services offered, staffing changes, new investments or other initiatives, implementation of new policies and procedures, and organizational structure changes. Include a description of the transaction's impact on the financial stability of any entity involved in the transaction.

The services offered at these agencies will remain the same. New policies and procedures will be implemented to further improve and enhance the services provided. In most cases, the leadership at the local agencies will remain the same, and current employee and operational structure will not be significantly altered.

Each applicant promotes the heart of its culture with the acronym CAPLICO. Our core values of Customer second, Accountability, Passion for learning, Love one another, Intelligent risk taking, Celebration, and Ownership guide each applicant in its decision-making and inspire us to be better people, in and out of work.

With regard to the transaction's impact on the financial stability of any entity involved in the transaction, it is the parties' expectation that the seller entities will be selling all of their assets, and accordingly, will not continue in operation. The buyer entities are newly formed limited liability companies. Buyer-applicants expect to further solidify the financial stability of these agencies, by virtue of their unique operating model. In addition to the Service Center support referenced above, this includes support from seasoned leaders at nearby agencies, and a cluster model whereby a group of agencies provide feedback and support to one another to improve the quality of care and financial stability of each agency in the cluster.

SUPPLEMENTAL RESPONSE:

One process that will be implemented is called the Triple Check. The Triple Check process requires a review in triplicate of the hospice certification of terminal illness and the home health face-to-face. The Triple Check process requires that the agency confirm that all regulatory requirements for those documents are met before any Medicare claim is submitted for billing. In addition, a clinical best practice guide on topics such as transitional care and clinical management is also available.

Another process that will be implemented is the Compliance Claims Audit, or CCA. These audits are conducted regularly at all agencies by the Pennant Services Compliance department. The CCA evaluates and scores an

agency's clinical practices and documentation in order to ensure compliance with state and federal health care regulations. The audits findings are shared with the agency, along with any necessary corrective actions that need to be made. In addition, agency employees are required to undergo compliance training on such topics as HIPAA, conflict of interest, code of conduct, sexual harassment, wound care, dementia, infection control, shared decision making, and waste, fraud and abuse.

Processes for conducting governing body meetings to comply with state and federal regulations, managing workplace safety, reporting worker injuries, and updating clinical policies and procedures will also be implemented.

Though not legally mandated Buyer Applicant will implement Pennant Services's documentation review program. This program involves a team of experienced nurses with Pennant Services reviewing crucial documentation, including admissions and billing documents, prior to billing for services, to ensure regulatory compliance. This program is designed to ensure seamless admission, care rendering, and billing practices, which results in an increase in the home health and hospice agency's ability to properly care for patients.

II. Impact from the Proposed Transaction

8. Describe the expected impact – increase, decrease, or no change – of the proposed transaction on access to affordable health care in Oregon. Explain your answer.

The proposed transaction is expected to increase access to affordable health care in Oregon. Across the numerous communities in which we provide home health and hospice services, the buyer-applicants' organization is a trusted partner to, and works closely with, payors and other acute and post-acute providers to deliver innovative healthcare solutions in lower cost settings. The effect of this transaction will be no different. The proposed transaction is intended to help reach more Oregonians, providing them high quality post-acute care. Home health and hospice care, when properly rendered, proves to reduce hospitalizations, re-hospitalizations, and other care needs in the more costly acute setting, thus resulting in lower overall healthcare costs and increased access to quality care with improved long-term outcomes for patients and families.

Relatedly, the buyer-applicants' affiliated organization is experienced in supporting home health and hospice care across thirteen states, including Oregon, and has a proven track record of increasing community-provider partnerships, which improves patient and provider education about in-home care and increases timely access to home health and hospice services. Affiliates of the Pennant Group pride ourselves in our world-class compliance, quality, and clinical teams to support home health and hospice agencies in their mission to provide life-changing services to vulnerable populations.

Further, with more than half of the approximately 2.3 million Medicare beneficiaries who die annually participating in the Medicare Hospice Benefit, and the median length of stay consistently being around just 18 days, timely initiation of care is of the utmost importance. This transaction involves a buyer experienced in reducing initiation of care times, increasing access to care as a result.

In the markets we serve, buyer-applicants have developed formal and informal preferred provider relationships with key referral sources and transitional care programs that result in better coordination within the care continuum. These partnerships have resulted in significant benefits to patients, providers, and payors. Such benefits include reduced hospital readmission rates, appropriate transitions within the care continuum, overall cost savings, increased patient satisfaction, and improved quality outcomes. Positive, repeated interactions and data-sharing result in strong local relationships and encourage referrals from our acute and post-acute care partners. As we continue to strengthen these formal and informal relationships, we believe we will continue to increase access, improve cost effectiveness, and drive quality outcomes.

SUPPLEMENTAL RESPONSE:

The proposed transaction will not result in the newly acquired entity no longer accepting patients with certain types of coverage, such as Medicare, Medicaid, or commercial insurance plans. Once the change of ownership is complete, the buyer will roll the existing seller payers' contracts onto new paper with new ownership demographics to allow the agency to continue to provide patient care.

This transaction will not result no longer accepting patients with certain types of coverage such as Medicare, Medicaid, or commercial payors. The Buyer Applicant will maintain an active Medicare provider agreement, Medicaid provider agreement, and a variety of commercial payer contracts—actively accepting patients covered by all of those payer types. The same is true for patients with certain plans such as specific Medicare Advantage plans, Coordinated Care Organizations (Medicaid managed care plans), and other commercial plans. In short, Buyer Applicant will accept patients of all payer types.

With the support and resources available to it from Pennant Services, Inc., Buyer-Applicant's affiliated home health agency in Oregon, Connected Home Health, has been able to far surpass average timely initiation of care among Oregon Home Health agencies. (NOTE: timely initiation of care is a home health admission within 48 hours of referral or discharge from hospital, or on the ordered start of care date. If the start of care is delayed for any reason an order for a specific start of care date has to be received within the original 48 hour period.) The following table illustrates this point:

CONNECTED	Year Look Back	6 Month	3 Month
Timely Initiation of Care	99.8%	99.7%	99.4%
Discharge to Community	89.4%	88.9%	88.4%
Oregon	Year Look Back	6 Month	3 Month
Timely Initiation of Care	85.6%	82.1%	82.0%
Discharge to Community	78.4%	78.1%	78.1%

As also indicated in the table above, Connected Home Health has much higher rates of patients discharging to the community as opposed to an inpatient or acute care setting. (NOTE: "community is defined as home/self-care without home health services.) Further indicating the high quality of care rendered as opposed to Oregon home health agencies generally.

The Buyer Applicant will have all the resources and affiliate partners as Connected Home Health. As such, the Buyer Applicant has full confidence that it will be able to improve timely initiation of care times as well as improving the percentage of home health patients discharged to their homes as opposed to needing acute and/or inpatient care.

9. Explain how, if at all, the proposed transaction will:
 - a. Improve health outcomes for residents of this state.

Buyer-applicants are highly experienced in providing home health and hospice care, the goal of which is to provide timely, high-quality care to the most vulnerable patients and families of all diagnoses and ages as they experience perhaps the most fragile time in their life. Patients and family are more likely to report a favorable post-acute and end-of-life experience when home health and/or hospice are chosen as compared to hospitalization or other acute-settings. Regardless of whether our patients' home health needs are complex or simple, our experienced, skilled professionals create a carefully crafted treatment plan with a focus on achieving the very best patient outcomes. Accessibility to a timely home health or hospice provider of the patient's choice is critical to providing the most appropriate type of care and individualized care to best meet the patient's and family's needs, thereby improving patient outcomes. Buyer-applicants' extensive experience, expertise, and passion for home health and hospice services will result in high-quality care that

meets or exceeds the national and state standards and regulations.

Further, the buyer-applicants' unique operating model improves patient outcomes by providing community- and patient-specific care through strong locally led operating teams focused intently on serving the unique needs of the community and by providing community and patient specific care through partnerships with other health care providers. The buyer-applicants intend to continue the seller entities' efforts to build strong relationships with existing healthcare systems throughout Oregon. We will work closely with community partners, local hospital systems, payors, private duty providers, physicians, and in home care physician groups to improve outreach to underserved populations. These partnerships improve coordination of care; assist with and coordinating appropriate admissions; produce mutually driven quality outcomes; prevent hospital readmissions; and increase patient and family experience and satisfaction. All of these efforts will build on the seller entities' proven track record and long-time service to home health and hospice patients in Oregon, which will ultimately improve overall outcomes for our patients.

- b. benefit the public good by reducing the growth in patient costs. (If the transaction will not reduce the growth in patient costs, explain why the proposed transaction is in the best interest of the public.)

For those patients who qualify for the Medicare and Medicaid home health and hospice benefits, virtually all patient costs are covered. For those patients covered by commercial insurances, patients are still responsible for standard premiums, deductibles, and co-pays, which will not change due to this transaction. As such, this transaction will not directly affect costs for current or future patients, as current patients will be notified of the transaction and have the option to remain on service with their current provider and continue to receive care. Finally, as set forth above concerning access to care, with the buyer-applicants' dedicated community education, increased early access to care, world-class care rendering, and the robust staff training we provide, costs will be reduced as patients will avoid more costly acute settings, thereby benefitting the public good.

- c. benefit the public good by increasing access to services for medically underserved populations.

We will serve patients of all ages and diagnosis and is committed to serving all patients regardless of race, color, religion (creed), gender, gender expression, age, national origin, disability, marital status, sexual orientation, English proficiency, or military status, and will ensure that all populations have access to services through its charity care policy. Furthermore, our admission, charity care, and non-discrimination policies reflect our commitment to caring for Medicare, Medicaid, and any patients who may have an inability to pay for care.

- d. benefit the public good by rectifying historical and contemporary factors contributing to health inequities or access to services.

Nationally, traditional socioeconomic barriers to care are experienced by patients based on income and poverty levels, race/ethnicity, cultural factors, and language barriers—in short, by minorities and those experiencing poverty. We will increase the accessibility of home health and hospice services and benefit the public good by respecting the cultural diversity and individual preferences of its patients and their families, and by involving them in the care planning and decision-making process. Through our non-discriminatory admissions and care rendering processes, and a majority of patient costs covered by the Medicare Hospice and Medicare Home Health Benefits, as well as other payors, we will serve all those in traditionally underserved populations.

10. Will the proposed transaction result in a decrease in competition? If no, please explain. If yes, describe any anticompetitive effects that may result from the proposed transaction.

This proposed transaction will not result in a decrease in competition. The proposed transaction's objective is to continue providing locally operated health care services to the communities served by these agencies with no disruption to care or patient choice in those communities. The services offered will remain the same. New policies and procedures will be implemented to further improve and enhance the services provided. The Eugene and Albany home health and hospice operations will continue to operate in their same communities and will not close nor consolidate with other home health or hospice agencies in their service areas.

SUPPLEMENTAL RESPONSE:

The Pennant Group is a holding company and as such does not negotiate payer contracts. Because the newly acquired agencies will have their own legal name, TIN, and NPI numbers, some payer agreements will be negotiated separately for each affiliated agency. However, upon the completion of the change of ownership, the newly acquired agencies will be rolled into regional payer contracts already negotiated by Pennant Services, Inc. The transition to these payer contracts will be seamless, as the seller currently contracts with the majority of these same payers. In addition, the newly acquired agencies will be rolled into a contract with a payer who is not currently contracted with the seller. As such, the buyer expects that the addition of this payer to the newly acquired agencies will expand access to care.

11. Indicate the date and nature of any applications, forms, notices, or other materials you have submitted regarding the proposed material change to any other state or federal agency. *Indicate the date and nature of any other applications, forms, notices, or other materials provided to other state or federal agencies relative to the proposed material change, including but not limited to the Oregon Department of Consumer and Business Services, Oregon Public Health Division, Oregon Department of Justice, U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application), Federal Trade Commission, and U.S. Department of Justice.*

On June 5, 2024, a Determination was submitted. A draft Asset Purchase Agreement was provided upon request in supplement of that Determination request. A Determination of Covered Transaction Status was provided by the Oregon Health Authority to Buyer-applicant on July 1, 2024. No other applications, forms, or other materials have been submitted for this buyer-applicant in relation to this transaction. In conjunction with this transaction, the buyer-applicant will submit change of ownership (CHOW) for the home health and hospice licenses, in home care license to OHA, and Medicare and Medicaid certifications.

12. Will the proposed material change transaction change control of a public benefit corporation or religious corporation?

No, this transaction will not change the control of a public benefit corporation or religious corporation.