

# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
**DIVISION OF HEALTH CARE SERVICES**  
*Certificate on Need Program*

**SEAN PARNELL, GOVERNOR**

P.O. BOX 110660  
JUNEAU, ALASKA 99811-0660  
PHONE: (907) 465-8616  
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November 15, 2011

**Certified, Return Receipt Requested**

Kahtnu Ventures, LLC  
Sharon Anderson, Principal Contact  
341 West Tudor  
Suite 102  
Anchorage, Alaska 99502

Dear Ms. Anderson:

On September 9, 2011 a e-mail was sent to you with a follow-up letter sent return receipt requesting additional information in order to declare your Certificate of Need (CON) application complete.

Under 7 AAC 07.050(c) you had 60 days (until November 9, 2011) to submit the requested information to the Department.

We did not receive the requested information and as outline in 7 AAC 07.050(d) the Department is denying your application for review.

You may submit a new CON application for review anytime in the future.

The original application and all the copies submitted to this office will be returned to you. This application, as it was never declared complete, will not be made available for public review.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'K. Lawfer', with a long horizontal flourish extending to the right.

Karen Lawfer  
CON Coordinator