

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

October 4, 2007

Certified, Return Receipt Requested

Mr. Ryan Pardo, Vice-President, Secretary
Liberty Dialysis – Alaska LLC
7650 SE 27th Street, Suite 200
Mercer Island, WA 98040

Dear Mr. Pardo:

I have reviewed the certificate of need (CON) application submitted by Liberty Dialysis – Alaska LLC for a kidney dialysis facility in Anchorage, Alaska and declare the application to be complete. Your application will be reviewed concurrently with an application for similar services submitted by Fresenius Medical Care.

In accordance with AS 18.07.045(2) a staff analysis of the application and staff recommendation must be submitted to me by December 3, 2007 for a decision unless staff request, and I grant, an additional period for review not to exceed 30 days. I have 45 days to make a decision after receipt of the staff recommendation unless I give written notice that additional information or analysis is required to reach a decision.

A public comment period is open for the next 30 days and written comments must be received by the department no later than 4:30 p.m. on November 5, 2007. Oral or written comments may also be submitted at a public meeting to be held on Monday, October 29, 2007 at the Frontier Building, Room 880, 3601 “C” Street, Anchorage, Alaska. The hearing will be held from 5:30 PM to 7:00 PM and might be extended to accommodate those present before 7:00 PM who did not have an opportunity to comment.

If you have any questions, contact David Pierce, Certificate of Need Coordinator at (907) 465-3001.

Sincerely,


Karleen K. Jackson, Ph.D.
Commissioner

Cc Jean Stevens, Regional Vice-President, Fresenius Medical Care
David Pierce, Certificate of Need Coordinator