

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
FAX: (907) 465-6861

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,



Karen Lawfer
CON Coordinator