Acquisition of Bell Hospital by LifePoint Hospitals

Submitted by Bell Hospital

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Bell Hospital
Superior Healthcare System

INTRODUCTION

Bell Memorial Hospital and Bell Medical Center (collectively "Bell Hospital") have agreed on definitive documentation with LifePoint Hospitals for the sale of substantially all of Bell Hospital's assets to LifePoint Hospitals or one of its wholly-controlled subsidiaries ("LifePoint"). The proposed transaction is subject to the review and approval of the State of Michigan Department of Attorney General ("Attorney General").

Bell Hospital submits this Memorandum to assist the Attorney General in understanding the background, motivation and anticipated benefits of the acquisition by LifePoint. Section I introduces the parties having an interest in the transaction. Section II provides a brief history of Bell Hospital. Section III explains the compelling reasons that led Bell Hospital, after a comprehensive review of the strategic challenges it would face as an independent community hospital, to solicit bids from experienced hospital operators with access to needed capital and clinical resources. The Section details the competitive process through which Bell Hospital ultimately obtained offers for its assets. The Section confirms that the Bell Hospital's Board of Directors conducted careful due diligence, was well-informed and well-advised, and acted consistent with its fiduciary duties to Bell Hospital. Section IV demonstrates that the sale process was fair and that the consideration offered by LifePoint satisfies the fair market value standard. The Section further elaborates on the many benefits that the transaction will deliver to Bell Hospital, to the constituencies that it serves, and to what will be a restructured Bell Foundation. For the reasons described more fully below, Bell Hospital respectfully requests that the Attorney General approve the proposed transaction with LifePoint.

I. THE PARTIES

A. Bell Memorial Hospital and Bell Medical Center

Bell Memorial Hospital is a Michigan nonprofit corporation formed in 1951. Bell Medical Center is a Michigan nonprofit membership corporation formed in 1976.

Bell Hospital operates a twenty-five bed, Critical Access hospital located in Ishpeming, Michigan. Bell Hospital primarily serves residents of the "West End" of Marquette County, with the majority of patients coming from the area surrounding Ishpeming, Negaunee, Republic, Champion and Michigamme. Bell Hospital and its medical staff provide a limited range of medical services, including emergency medicine; obstetrics and gynecology; general and specialized surgery; orthopaedics; ophthalmology; cardiology; pediatrics; radiology; and internal medicine. Bell Hospital operates an out-patient clinic, the Teal Lake Center, located in Negaunee, Michigan. The Teal Lake Medical Center emphasizes primary care. Bell Hospital operates a clinic for current and retired Cliffs Natural Resources (formerly Cleveland-Cliffs Iron Company) workers and their families. Bell Hospital also operates a pharmacy. Bell Hospital has more than 90 physicians on its active and consulting medical staff. Bell Hospital employs over 350 individuals across its facilities.

The Bell Hospital Board of Directors is comprised of fifteen community leaders from the Marquette County area and senior medical staff. Dr. Robert DellAngelo, a retired ophthalmologist, serves as Chairman. Richard Graybill serves as Vice Chairman. Tom Fleury serves as Treasurer. Marlin Kitchen serves as Secretary. Other Board members include Dr. Michael Prevost, Chief of Staff, and Dr. Doug LaBelle, Chief Medical Officer.

Floyd Bounds serves as Chief Executive Officer of Bell Hospital. Mr. Bounds is a seasoned hospital industry executive who has prior experience in leading turn-around efforts for financially-distressed hospitals. The Board of Directors hired Mr. Bounds in September 2012. The current executive team includes Barbara Larson, Chief Operating Officer; Jerry Messana, Chief Financial Officer; Ruth Solinski, Vice President of Organizational Development; Philip Porter, Vice President of Clinic Operations; and Dr. LaBelle, Chief Medical Officer.

B. Bell Foundation

The Bell Foundation is a Michigan nonprofit corporation that historically served to raise and administer funds to further research, education and the provision of heath care services

through Bell Hospital. The Bell Foundation Board of Directors has nine members from a cross section of the community. Ronald Meyer, a local optometrist, serves as Chairman.

As discussed later, LifePoint will make a substantial contribution to the Bell Foundation. The Bell Foundation will separate from Bell Hospital and dedicate its future efforts and resources to serving broader community health care needs.

C. LifePoint Hospitals

LifePoint Hospitals is a Delaware corporation that owns and operates fifty-seven hospital campuses in twenty states. LifePoint specializes in operating community hospitals in non-urban areas. LifePoint has made a substantial commitment to health care in the Upper Peninsula. Through DLP Healthcare, LLC, a Delaware limited liability corporation, operating as Duke LifePoint Healthcare, an innovative joint venture between LifePoint and a wholly-controlled affiliate of Duke University Health System, LifePoint owns Marquette General Health System ("Marquette General"), a 315-bed hospital system located in Marquette, Michigan. The acquisition of Marquette General was effective as of September 1, 2012. LifePoint has publicly announced an intention to establish a whole hospital joint venture with Portage Health, a community hospital located in Hancock, Michigan.

II. HISTORY OF BELL HOSPITAL

Bell Hospital traces its origins to the iron ore boom of the mid-nineteenth century. Local medical care was needed to serve an expanding mining workforce and town. The first hospital in Ishpeming opened in 1872. It relocated to a larger building in 1887. The area's largest mine operator, Cleveland-Cliffs Iron Company, constructed and opened a new 50-bed hospital in 1918. In 1952, Cleveland-Cliffs transferred ownership of the hospital to the Ishpeming Negaunee Association. In 1954, the hospital was renamed in honor of Francis A. Bell, a respected civic leader.

By the mid-2000s, the existing hospital building had become outmoded and functionally obsolete. The Board of Directors determined that a new facility would better serve the needs of

the community. Dr. Robert DellAngelo and his wife donated a parcel of land for the new hospital. Construction began in July, 2007, and was completed in September, 2008. To fund the construction costs, Bell Hospital borrowed $32 million pursuant to a bond financing. Additional financial support for construction came from the community and from Cleveland-Cliffs, through the Cleveland-Cliffs Foundation.

As noted above, Bell provides a range of clinical services to its patient population. Bell has four operating rooms, one of which is newly-opened. For Fiscal Year ended June 30, 2013, Bell Hospital had 1,303 inpatient admissions and 76,375 separate outpatient visits. Medicare and Medicaid account for over 50 percent of Bell Hospital's gross revenue. Blue Cross Blue Shield of Michigan is by far the largest commercial payor for Bell Hospital patients.

Because Bell Hospital does not offer nearly the breadth and depth of medical services as Marquette General, Bell Hospital refers many patients to Marquette General for specialized care such as neurology and invasive cardiology. Bell Hospital refers major trauma cases to Marquette General. Further, when Medicare acute care patients require more than 96 hours of inpatient care, Bell Hospital frequently transfers those patients to Marquette General in accordance with the rules governing Critical Access hospitals.

Many of Bell Hospital's consulting medical staff hold admitting privileges and also practice at Marquette General. In addition to having to make referrals to Marquette, Bell Hospital, like other Upper Peninsula hospitals, loses significant patient volume and revenue to hospitals in Wisconsin, Minnesota and other states.

III. BELL HOSPITAL'S STRATEGIC REVIEW PROCESS AND DECISION TO BECOME PART OF THE LIFEPOINT SYSTEM

The proposed transaction is the result of a three year strategic initiative by the Board of Directors designed to assure that Bell Hospital will not only survive, but continue to provide comprehensive, high-quality healthcare services to the community.

A. Overwhelming Debts and Unfavorable Operating Performance

Within a year after the opening of the new hospital, Bell Hospital encountered serious financial challenges. From 2008-10, operating revenue declined and operating expenses increased, causing the hospital to run a substantial operating deficit. The hospital's cash and investments declined from approximately $24 million to $10 million as these assets were consumed to fund the operating deficit and satisfy debt service. Metrics for margins, cash flow, liquidity and leverage all worsened. Patient volumes declined as more patients sought care at Marquette General or other hospitals.

For its annual audit for fiscal year ended June 30, 2010, Bell Hospital had an operating loss in excess of $7 million and a decrease in Unrestricted Net Assets of almost $7.5 million. Operating decisions made in prior periods, significant adjustments made during the audit process to bad debt and other ledger items, and pension plan contributions primarily accounted for the adverse results. The scale of the losses was unexpected and far in excess of plan. In response, the Board of Directors implemented a strategy to stabilize Bell Hospital's financial condition. The Board replaced the former chief executive officer. It hired management and revenue cycle consultants. The hospital also undertook a number of initiatives to better control costs and improve margins.

The Bell Hospital Board of Directors had been considering a joint operating agreement with Marquette General (prior to its acquisition by LifePoint), through the auspices of Superior Health. The preliminary vision called for Bell Hospital and Marquette General to pursue a "virtual merger." Under this proposal, although the hospitals would have retained separate ownership, they would have jointly shared strategic planning and operating responsibilities. The hospitals further would have shared profits, losses, capital investment and debt, with 80 percent allocated to Marquette General and 20 percent to Bell Hospital.

While operating results have improved since 2010, Bell Hospital's balance sheet continued to weaken. In light of its operating losses and impaired credit quality, Bell Hospital had no realistic ability to refinance and restructure its outstanding bond debt. Furthermore, the

decline in Bell Hospital's performance eliminated any prospect that Marquette General would agree to formalize the joint operating structure, under which Marquette General would have borne 80 percent responsibility for Bell's losses. Bell Hospital no longer had the option of sharing financial risk with Marquette General. (Superior Health redirected its focus to promoting collaboration among seven Upper Peninsula hospitals (including Bell Hospital) to enhance access to high-quality, cost effective care, a vitally important but very different mission than was once contemplated.)

By early 2012, Bell Hospital was in violation of certain covenants related to its 2007 bonds. Bell Hospital entered a forbearance agreement (and subsequent amendments) with the financial institution that backs the bonds under a letter of credit. The financial institution agreed not to pursue its available legal remedies against the hospital. The forbearance agreement and amendments required, among other things, that Bell Hospital develop a turn-around plan, retain a chief restructuring officer, and retain an investment banker to explore the sale of all or substantially all of the hospital's assets, refinancing or affiliation with another health system. Bell Hospital also had to pay an extension fee and deliver significant additional cash collateral. Despite its efforts to improve performance, Bell Hospital continued to operate at a negative margin through FY 2012, with a $1,749,533 net operating loss and a $3.6 million decline in unrestricted net assets for the period ended June 30, 2012.

In addition to its bond debt, Bell Hospital confronted a roughly $3 million obligation for an interest rate swap related to the outstanding bonds. The interest rate swap was a hedge intended to reduce the hospital's exposure to future increases in interest rates. When interest rates did not increase, Bell Hospital owed a debt to its counterparty on the swap.

Bell Hospital also has a defined benefit pension plan for its non-union employees. The plan was frozen on October 31, 2005. Like many other similar plans, the Bell Hospital plan is partially underfunded. The pension liability is projected in the range of $3 million (although at one point the estimate was substantially higher). The underfunding results from a combination of historically low interest rates coupled with lower than anticipated investment returns during

the depths of the recession. In recent years, Bell Hospital has not generated sufficient cash flow to make the sizeable pension contributions needed to move the plan to a fully-funded status.

Concurrently with the dire financial and operating difficulties noted above, Bell Hospital, like many other smaller community hospitals, faces a rapidly changing regulatory and reimbursement environment. Under health care reform, particularly given the difficult federal and state economic circumstance, government payors are placing demands on hospitals for lower reimbursements. Private payors are doing the same. Hospitals need access to additional capital to invest in electronic medical records, retain and recruit physicians, expand clinical integration and quality initiatives, participate in Accountable Care Organizations and other value-based reimbursement mechanisms, and stay current with expensive, new medical technology. Yet many community hospitals, including Bell Hospital, lack the resources to make these investments, and therefore risk falling further behind multi-hospital systems in terms of reputation and quality of care. This is a specific concern for Bell Hospital, which is roughly fifteen miles from Marquette General. LifePoint has committed hundreds of millions of dollars to capital investments at Marquette General. Were Bell Hospital to continue to struggle financially as an independent community hospital, it would have no comparable capacity to invest in its facilities, equipment and staff, ultimately threatening the quality and availability of medical services to the West End.

Combined, these financial, regulatory and competitive pressures threaten to undermine Bell Hospital's ability to serve its primary mission – delivering high-quality medical services to its local community – and to survive over the long term.

B. Mid-Year Board Retreat

The Bell Hospital Board of Directors retained Stroudwater Associates, a health care advisory firm with multi-disciplinary capabilities, to provide a comprehensive assessment of Bell Hospital's current position and its future strategic, operational and financial options. Stroudwater presented its analysis and led a two-day retreat for members of the Board of Directors and medical staff on May 31-June 1, 2012. Stroudwater noted challenges specific to

rural hospitals such as Bell Hospital, including the impact of value-based reimbursement, heightened quality standards, limitations on access to capital, costs of information technology, difficulties in physician recruiting, and consumer perceptions concerning size and quality of care. Stroudwater observed that the move toward value-based payment required hospitals to actively manage the health of their patient populations and accept greater economic risk. Stroudwater further explained that because rural hospitals typically lack the scale and financial reserves necessary to do so on their own, rural hospitals should take the initiative to consider becoming part of a multi-hospital system.

Board members first met in small working groups, then came together to develop a comprehensive set of strategic objectives for Bell Hospital that would protect the community's interest. Those objectives were to:

- Enhance the long-term financial viability of the local health system;
- Provide quality and depth in management support and systems;
- Maintain and expand access to healthcare services in service area;
- Provide enhanced integration and support for clinical quality, compliance and patient satisfaction across system;
- Recruit physicians and engage them in the community;
- Treat employees in a fair and equitable way;
- Provide for local oversight of service levels to meet community needs; and,
- Continue or enhance existing charity care policies.

It was highly unlikely that Bell Hospital, struggling on its own, could successfully achieve most, much less all, of these strategic objectives. After careful consideration, the Board of Directors eventually came to consensus that Bell Hospital should evaluate a possible transaction in which Bell Hospital would become part of a multi-hospital system. To assure that the search for a potential acquirer had focused leadership and direction, the Board of Directors created a special eight-member Task Force, chaired by Dr. DellAngelo. The Task Force included officers of the Board, the Board Quality Committee Chair, physician leadership and the new CEO, Floyd Bounds.

C. Bell Hospital Retains An Investment Banker

Bell Hospital requested proposals from a number of investment banking firms to represent the hospital in the search for a potential acquirer. The Board of Directors interviewed three finalists, ultimately selecting Juniper Advisory, LLC. Juniper is a specialized, independent, privately-held investment banking firm that concentrates primarily on providing merger and acquisition advice to nonprofit hospitals. Juniper's two principals, James Burgdorfer and David Gordon, have over twenty-five years of industry experience. Juniper has advised on over 100 nonprofit hospital and health system transactions in numerous states. Juniper had particular knowledge of demographic, reimbursement, regulatory and other conditions affecting Michigan hospitals generally and Upper Peninsula hospitals specifically. Juniper advised Marquette General in connection with its acquisition in 2012 by Duke LifePoint.

D. Bell Hospital Identifies and Evaluates Potential Acquirers

On behalf of Bell Hospital, Juniper undertook a "controlled competitive process" to solicit proposals from potential acquirers. The competitive market clearing process is recognized by industry professionals and regulators as the best practice for establishing fair market value in a sale of charitable or corporate assets. The process aimed to provide the Board of Directors with the objective, market information it needed to answer the fundamental question – were the Board's objectives for Bell Hospital best supported through independence or through becoming part of a multi-hospital system? By soliciting interest from a broad range of companies, Bell

Hospital could definitively identify its range of strategic options and, were it to select a sale of its assets, assure that it achieved fair market value.

The Board of Directors and Task Force met with Juniper in September, October and November of 2012 to identify key priorities and detail a marketing process to achieve those priorities. Juniper approached thirteen hospital systems, some of which were Michigan-based, some of which were regional, and some of which operated nationally. Six of the systems were nonprofit; seven were for profit companies. Three organizations executed confidentiality agreements and received additional information, including access to a secure electronic data room. LifePoint and a proposed joint venture of two hospital systems submitted initial proposals.

Bell Hospital retained special counsel, Locke Lord LLP, Chicago, Illinois, to advise the Board of Directors on potential legal issues arising in its evaluation of transaction alternatives.

The Board of Directors and Task Force reviewed the two initial proposals at their December 19, 2012 meetings. Both the Board and Task Force agreed unanimously to advance the study of future strategic options, including a potential transaction, to the second phase. The two-phase marketing process allowed the Board and Task Force to refine their objectives in light of the initial proposals and obtain greater specificity on the transaction benefits to Bell Hospital. In the first week of 2013, Juniper sent a second instruction letter to the two finalists. Juniper sought further clarification of a number of key business terms and requested additional information on the suitors' future plans for Bell Hospital. In particular, Juniper requested that the suitors elaborate on, among other things, their commitments to capital expenditures, continuation of local medical services, retention of medical staff and other employees, governance and community benefits.

Bell Hospital management hosted visits from representatives of the two finalists in early January. The finalists each traveled to Ishpeming, toured the hospital, met with the Board, and presented detailed proposals setting forth their future vision for Bell Hospital.

Toward the end of January, the Task Force and physician leaders conducted reverse due diligence trips to hospitals operated by the suitors and their corporate headquarters. The Task Force met with and closely questioned physician and business leadership about their operations and the potential benefits of integration with Bell Hospital.

On February 5, 2013, the two finalists submitted expanded, final written proposals in response to the January instruction letters. These responses clarified and amplified on the suitors' plans and intentions for a transaction with Bell Hospital. Both finalist proposals were, from Bell Hospital's perspective, improved in important respects from the initial proposals. LifePoint's proposal included, among other things, a $5 million capital commitment, a five year commitment to retain services (so long as Bell Hospital retained Critical Access Status), a ten year commitment to refrain from closing or selling, and a governance structure under which Bell Hospital would operate and report separately from Marquette General in the LifePoint organization. This structure assured that Bell Hospital would retain its separate identity and focus on serving its local community.

E. Bell Hospital Selects LifePoint

The Task Force met on February 12, 2013, with Juniper and legal counsel, Locke Lord. The group evaluated the two finalist proposals. The Task Force unanimously recommended that the Bell Hospital should become part of a multi-hospital system. The Task Force further, and again unanimously, recommended that, subject to certain additional commitments from LifePoint, the full Board of Directors should authorize management, Juniper and counsel to negotiate a letter of intent with LifePoint.

On February 13, 2013, Dr. DellAngelo, Juniper and counsel confirmed that LifePoint's final offer would satisfy the additional commitments requested by the Task Force. Among other things, LifePoint extended its commitment to retain medical services to ten years, so long as Bell Hospital retained Critical Access status. LifePoint agreed to maintain all licensed hospital beds. The Board of Directors met that evening. The Board received, considered and discussed the

Task Force recommendation. The Board unanimously approved the Task Force recommendation to negotiate a letter of intent with LifePoint.

IV. THE PROPOSED TRANSACTION IS IN THE BEST INTEREST OF BELL HOSPITAL AND THE CONSTITUENCIES THAT IT SERVES

The proposed transaction with LifePoint assures that high-quality health care services will be continuously available in Ishpeming for the foreseeable future. The transaction will benefit Bell Hospital, patients, medical staff and employees, payors and the community at large.

A. The Sale Process Was Fair

As the Attorney General has observed in connection with other nonprofit hospital transactions, a fair market process is the best way to obtain value for a hospital's assets. Here, Bell Hospital and its investment banker structured a competitive process that solicited interest from a broad range of potential acquirers. After receiving initial bids, Bell Hospital solicited a second round of bids and used the pressure of the auction process to motivate the two finalists to improve their offers. These offers were carefully and thoughtfully scrutinized by a Task Force and the full Board of Directors.

The Task Force and Board of Directors were well and fully-informed on the financial, competitive and regulatory challenges facing Bell Hospital. They devoted significant time and attention to the sale process, including numerous meetings with the hospital's investment banker, meeting with the finalists and site visits on reverse due diligence trips. The Task Force advised, and the Board of Directors ultimately determined, that Bell Hospital was best served by joining a multi-hospital system.

The Task Force and Board of Directors took all reasonable steps to maximize the consideration that Bell Hospital would receive as a result of a transaction. Acting at their client's direction, Bell Hospital's advisors conducted a professional, market-clearing sale process. Bell Hospital's advisors strongly advocated for favorable terms in negotiations. Bell Hospital's

advisors sought to assure that the ultimate consideration at closing would be sufficient to satisfy or retire Bell Hospital's debts, liabilities and obligations.

Both the Task Force and Board of Directors unanimously approved the LifePoint transaction.

The competitive sale process, coupled with the thorough analysis by the Task Force and Board of Directors of the pros and cons of affiliation with a multi-hospital system, demonstrates that the sale process was conducted fairly.

B. The Transaction Delivers Fair Market Value for Bell Hospital's Assets and Provides Other Vital Community Benefits

LifePoint offered consideration for Bell Hospital's assets that is within the range of values that the Bell Hospital's Board of Directors considered to be fair. LifePoint agreed to pay off Bell Hospital's outstanding bond debt, interest rate swap debt and assume liability for Bell Hospital's unfunded pension obligation. LifePoint agreed to make $5 million in capital investments over a ten-year horizon. LifePoint agreed to adjust the final purchase price to allow Bell Hospital to obtain tail insurance for its future liabilities, to pay off all transaction costs and otherwise satisfy outstanding debts and obligations. Since the parties executed the Letter of Intent, LifePoint's due diligence identified $3 million of unanticipated, increased hospital liabilities. LifePoint agreed to increase consideration at closing to satisfy these liabilities. LifePoint also agreed to make a $1 million donation to the Bell Foundation. When tested against multiples of revenue and EBITDA for other nonprofit hospital transactions, the total consideration to be paid by LifePoint is at or above comparable metrics, and certainly within the range of fair market value.

In addition to obtaining fair market value for Bell Hospital's assets, the proposed transaction will best achieve the other strategic goals that motivated the Board of Directors in the first place to consider joining a multi-hospital system. LifePoint is a leading hospital system that specializes in operating community hospitals in non-urban areas. It has a proven track record of sound management of its hospitals, and it brings needed financial, operating and capital assets to

stabilize and secure Bell Hospital's long term viability. Bell Hospital will be debt-free, unencumbered by credit constraints.

LifePoint committed to retaining medical services and hospital beds in Ishpeming. Bell Hospital's Advisory Board will provide local oversight of service levels to meet community needs. By joining LifePoint, Bell Hospital will become part of an integrated regional and national system of care with access to LifePoint's clinical quality, compliance, physician education and other patient-care initiatives. Many of these patient satisfaction and quality initiatives are being developed jointly with the Duke LifePoint Quality Oversight Committee, which includes representatives from the Duke University Health System, one of the nation's finest medical research and teaching hospital systems. The Quality Oversight Committee offers performance services, quality and patient safety expertise, medical staff support, decision support, risk and compliance support, and information technology support to Bell Hospital. Bell Hospital will have additional resources to invest in physician recruiting. Bell Hospital will become a more attractive place to practice medicine, as its physicians and other medical professionals will now have ready access to the full range of specialty care, quality programs, education, technology and other resources available in the LifePoint system. Bell Hospital medical staff can participate in best practice and data sharing, peer group support and collaboration with staff from fifty-seven other hospitals. LifePoint's future capital investments will allow Bell Hospital to maintain state of the art diagnostic and surgical equipment.

From an administration and management perspective, LifePoint will provide extensive operations and other support resources to Bell Hospital in areas including strategic planning, physician recruiting, medical staff development, managed care, human resources, regulatory, reimbursement, revenue cycle, supply chain, group purchasing, facilities, risk management, legal and government relations. Bell Hospital anticipates economies of scale and other cost-savings from this collaboration.

Bell Hospital is vitally important to the health of the local Ishpeming economy. LifePoint agreed to preserve jobs for hospital employees, subject only to customary pre-screening procedures, and to recognize existing bargaining units. By assuming the liability for

the frozen pension plan, the LifePoint transaction provides added security for past and current employees that all pension obligations will be satisfied in full.

LifePoint agreed to maintain Bell Hospital's charity care policies for at least five years, which is a valuable and needed service to the public. The community also will receive new property tax revenue from LifePoint to support local government services.

In addition to these compelling benefits from the transaction, LifePoint will donate $1 million to the Bell Foundation as part of the total consideration. The Bell Foundation is represented by independent counsel. Bell Hospital understands that the Bell Foundation will separate from the hospital and modify its mission, articles, by-laws and leadership to serve broader health needs in the local community. Bell Hospital understands that the Board of Directors of the Bell Foundation is in the process of evaluating its future direction.

CONCLUSION

Under LifePoint ownership, Bell Hospital can better serve the health needs of its community over the long-run than it otherwise would as a struggling independent community hospital. By becoming part of the LifePoint system, Bell Hospital will resolve its current financial problems, secure its financial future and gain access to many new resources supporting the delivery of the highest quality of patient care. The proposed transaction will benefit all constituencies served by Bell Hospital and the community at large.