



RECEIVED

January 31, 2019

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

JAN 31 2019  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Please accept this correspondence as Trios Health's (Trios) letter of intent to establish an adult elective percutaneous coronary intervention program. Consistent with WAC 246-310-080, Trios provides the following information:

**Services Proposed**

Trios proposes to establish an adult elective percutaneous coronary intervention program.

**Estimated Capital Expenditure**

The capital expenditure is \$0.

**Description of the Service Area**

WAC 246-310-705(5) defines the geographic service area for elective PCI. The service area for this project is Planning Area #2 (Benton, Columbia, Franklin, Garfield and Walla Walla Counties).

Trios looks forward to working with the Program in the coming months. Please contact me directly with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John Solheim".

John Solheim  
Chief Executive Officer  
509-221-5141