

For use by DOMESTIC NONPROFIT CORPORATION Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned execute the following Certificate: 1. The identification number assigned by the Bureau is: 2. The name of the nonprofit corporation is: COMMUNITY HEALTH CENTER OF BRANCH COUNTY 3. The assumed name under which business is to be transacted is: INSIGHT HOSPITAL AND MEDICAL CENTER COLDWATER This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):	CE	RTIFICATE OF ASSU	Form Revision Date 07/2016
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This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships): Signed this 16th Day of December, 2024 by: Signature Title Title if "Other" was selected Baseer Tajuddin Secretary	2. The name of the nonprofit corporation is:		
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Signature Title Title if "Other" was selected Baseer Tajuddin Secretary			a member, manager, or an authorized agent (limited
Baseer Tajuddin Secretary	Signed this 16th Day of December, 2024 by:		
	Signature	Title	Title if "Other" was selected
By selecting ACCEPT. I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify	Baseer Tajuddin	Secretary	
that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act. jm Decline jm Accept		ation provided is true, accurate, an	nd in compliance with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

COMMUNITY HEALTH CENTER OF BRANCH COUNTY

ID Number: 802143522

to transact business under the assumed name of INSIGHT HOSPITAL AND MEDICAL CENTER COLDWATER

received by electronic transmission on December 16, 2024, is hereby endorsed.

Filed on December 16, 2024, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2029



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16th day of December, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



Radiation Safety Officer Delegation of Authority Insight Hospital & Medical Center Coldwater License # 21-16642-01

Insight Hospital & Medical Center Coldwater has appointed Fredrick Badalpoor, CNMT as the Radiation Safety Officer effective January 1, 2025. At the time of the appointment, Frederick Badalpoor accepted responsibility for ensuring the safe use of radiation; managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of radioactive material by employees who do not meet the necessary requirements and shutting down operations, where justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

Rick Van Gessel, Chief Hospital Officer

rederick Badalpoor, CNMT

Martha Pavon

From: Sent: To:	Fatima Elzhenni <fatima.elzhenni@iinn.com> Tuesday, June 24, 2025 5:39 PM Bryan Parker</fatima.elzhenni@iinn.com>
Subject: Attachments:	[External_Sender] Re: FW: Re: Transfer of Control: License Number 21-16642-01 Additional Information for CN644280.pdf
Good evening Mr. Parker,	
Please see attached. Let m	ne know if anything else is needed on our end!
Best, Fatima	
On Tue, Jun 24, 2025 at 5:2	1 PM Bryan Parker < <u>Bryan.Parker@nrc.gov</u> > wrote:
Hey Fatima,	
Any word on this Additional	Info? I just wanted to check on it and get a status.
Thanks.	
Bryan	
From: Bryan Parker Sent: Wednesday, June 11, 20 To: Fatima Elzhenni < fatima.e	
Subject: RE. Re. Transfer of Co	ontroi. License Number 21-16642-01
Hey Fatima,	
	as looking to followup soon because – no, I haven't received any additional info e or documentation of the new RSO. Any help towards getting that would be greatly

Any additional info should be directed to me as " <i>Additional Information for CN644280</i> ". Signed PDF attachment(s) to an email to me is fine.
Please let me know if you have any questions.
Thanks.
Bryan
Bryan A. Parker
Senior Health Physicist
USNRC Region III
bryan.parker@nrc.gov
678-828-7050
630-515-1078 (fax)
U.S.NRC Usine States Newlear Regulatory Commission Protecting People and the Environment
From: Fatima Elzhenni < fatima.elzhenni@iinn.com Sent: Wednesday, June 11, 2025 10:32 AM To: Bryan Parker < Bryan.Parker@nrc.gov Subject: [External_Sender] Re: Transfer of Control: License Number 21-16642-01
Good morning Mr. Parker,
I hope you're doing well. I just wanted to follow up and inquire if the necessary correspondence/changes you required were sent over for the license transfer from ProMedica to Insight.
Best,

Fatima

On Wed, May 21, 2025 at 10:30 AM Fatima Elzhenni < fatima.elzhenni@iinn.com wrote:

Good morning Mr. Parker,

My name is Fatima, and I am with the legal department at Insight. We've had some back-and-forth communication through voicemail, so I thought it might be more efficient to continue our conversation over email to ensure we have a clearer understanding of everything you need on your end.

Please let me know how I can assist you!

Best regards, Fatima

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Fatima Elzhenni

Legal Department

Insight Institute of Neurosurgery and Neuroscience

e: fatima.elzhenni@iinn.com

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Confidentiality Notice: This email and any attachments may contain confidential and legally protected health information. It is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that any review, use, disclosure, duplication, or distribution of this message is strictly prohibited. Authorized recipients are required to maintain the confidentiality of the information in accordance with applicable laws, including HIPAA, and to delete it once it is no longer needed. If you received this message in error, please inform the sender immediately and permanently delete it from your system.



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Martha Pavon

From: Bryan Parker

Sent: Thursday, June 26, 2025 8:14 AM

To: Martha Pavon

Cc:Sandy Pavon; Tammy TomczakSubject:Please add AI to CN644280

Attachments: [External_Sender] Re: FW: Re: Transfer of Control: License Number 21-16642-01; 665

644280 Addl Info.pdf

Hey Martha,

Please add the attached Additional Info to CN644280 for ProMedica Coldwater Regional Hospital. A 665 is attached as well.

Please let me know if you have any questions.

Thanks.

Bryan