

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Roberts/FOIA</i>	DATE <i>10-28-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000098</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis</i> <i>Same as log #84</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-12-14</i> <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Jackson Law Offices, P.C.

922 Stevens Creek Road, Suite J
Augusta, Georgia 30907

Stanley G. Jackson
Tel. (803) 643-1003
Fax (803) 753-0021
Mailing address:
321 ½ Newberry Street, SW
Aiken, South Carolina 29801

M. Austin Jackson
Tel. (803) 643-1003
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October 15, 2014

RECEIVED

OCT 27 2014

SCDHHS
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Freedom of Information Request
Pepper Hill Nursing & Rehab Center, LLC
3525 Augustus Road
Aiken, SC 29802

Dear Sir or Madam:

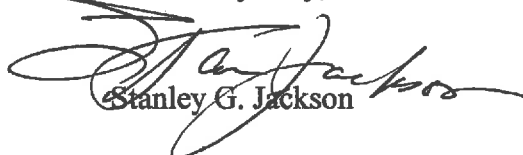
Pursuant to the South Carolina Freedom of Information Act, this letter constitutes a request that you provide the licensure and all supporting submissions and any corporate information of ownership pertaining to the below entity, to wit:

Pepper Hill Nursing & Rehab Center, LLC
3525 Augustus Road
Aiken, SC 29802

Thank you for your service in this matter. Please bill me for any costs involved and I will remit the amount invoiced.

With kind regards,

Yours very truly,


Stanley G. Jackson



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:	_____	\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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TO <i>Roberty/FOIA</i>	DATE <i>10-28-14</i>
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