

**facsimile**  
TRANSMITTAL

---

U.S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011  
**DIVISION OF NUCLEAR MATERIALS SAFETY**

---

**Name:** Jim Schwaiger, M.D.  
**Licensee:** Huron Regional Medical Center  
**License No.:** 40-15697-01  
**Phone:** 605-353-6246  
**Fax:** 605-353-6317

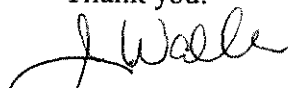
**From:** Judith Walker (817-860-8299) 817-860-8263 fax  
**Date:** November 22, 2004  
**Subject:** License Renewal  
**Pages:** 1

Dr. Schwaiger:

Concerning the license amendment for Huron Regional Medical Center, please submit Dr. Abraham's credentials as an Authorized User (copy of Colorado Springs USAF Academy license).

If you have any questions concerning this fax, please contact me at 817-860-8299.

Thank you.

  
Judith Walker  
Health Physicist