## UNITED STATES NUCLEAR REGULATORY COMMISSION REGION III 2443 WARRENVILLE RD STE 210 LISLE IL 60532-4352

OFFICIAL BUSINESS

Mary Fox, M.S., RS0
Department of Radiology
North Memorial Medical Center
3300 Oakdale Avenue North
Robbinsdale, MN 55422

NRC FORM 532A (RIII) (10-2004)	LICENSE NUMBER	22-0	5792-01		MAIL CONTROL NUMBER	314-385	
	AMENDMENT	г	TERMINATION		NEW LICENSE		
This is to acknowledge the receipt of your letter/application dated 4405, and to inform you that the initial processing, which included an administrative review, has been performed.  There were no administrative omissions identified during our initial review.  Your application for a new NRC license did not include your taxpayer identification number. Please							
fill out NRC Form				axpayer iq	ienuication nui	mber. Please	
A copy of your action ha	_			Accounts	Receivable Br	anch, who will	

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, you may contact us at 630-829-9887.