

LIFEPOINT HOSPITALS, INC.

June 1, 2005

VIA UPS

U.S. Nuclear Regulatory Commission
Region II, Division of Nuclear Materials Safety
61 Forsyth St., S.W.
Suite 23T85
Atlanta, Georgia 30303
Attn: Richard Gibson, Jr.

Re: Wythe County Community Hospital
License No. 45-16635-01 03011371

2005 JUN -6 AM 11:23
RECEIVED
REGION I

Dear Mr. Gibson:

Please be advised that the change in ownership of Wythe County Community Hospital (the "Hospital"), located at 600 West Ridge Road, Wytheville, Wythe County, Virginia, became effective as of June 1, 2005. .

The former owner of the Hospital was Wythe County Community Hospital, a Virginia non-stock company. The new lessee and operator of the Hospital is Wythe County Community Hospital, LLC, a Delaware limited liability company and an affiliate of LifePoint Hospitals, Inc., a publicly traded company.

The name of the Hospital will remain: Wythe County Community Hospital. The name of the new Chief Executive Officer of the Hospital is John Robert McClain, also effective June 1, 2005. The new tax identification number for the Hospital is 20-2468795. There are no other changes in policies, procedures or personnel expected other than in the normal course of business.

I can be reached at (615) 565-1538 if you have any questions or need any further information in order to reflect the new owner as Wythe County Community Hospital, LLC d/b/a Wythe County Community Hospital, effective June 1, 2005.

Yours truly,

Faye S. Edwards
Faye S. Edwards
Director, Regulatory Affairs

Cc: Neil W. Kunkel, Jr.

137167

This is to acknowledge the receipt of your letter/application dated

6/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-16635-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 137167.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02121
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20110930
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: WYTHE COUNTY COMMUNITY HOSPITAL
Received Date: 20050606
Docket No: 3011371
Control No.: 137167
License No.: 45-16635-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed *Libera fund*
Date 6/15/05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____