

LIFEPOINT
HOSPITALS, INC.

June 6, 2005

VIA UPS

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

Re: Danville Regional Medical Center
License No. 45-15154-03

03013667

Danville Diagnostic Imaging Center
License No. 45-25118-01

03031883

2005 JUN -9 PM 1:41

RECEIVED
REGION I

Dear Mr. Gibson:

Please be advised of the proposed change in ownership of Danville Regional Medical Center (the "Hospital"), located at 142 S. Main Street, Danville, Virginia and Danville Diagnostic Imaging Center located at 125 Executive Dr., Suite D, Danville, Virginia. The parties expect to finalize this transaction on or about July 1, 2005, pending regulatory approval.

The current owner of the Hospital is Danville Regional Medical Center, Inc. The new owner and operator of the Hospital will be Danville Regional Medical Center, LLC, a Delaware limited liability company and an affiliate of LifePoint Hospitals, Inc., a publicly traded corporation.

The Hospital now holds the above licenses issued by your office. Please forward any applications required by your office for licensure and Medicare purposes in a change of ownership to:

Faye S. Edwards
LifePoint Hospitals
103 Powell Court, Suite 200
Brentwood, Tennessee 37027

Upon completion of the transaction, I will send a copy of the General Bill of Sale and Assignment to your office as evidence of the effective date. I can be reached at (615) 565-1538 if you have any questions or need any further information in this matter.

Yours truly,



Faye S. Edwards
Director, Regulatory Affairs

Cc: Neil W. Kunkel, Jr.

137188/137189

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

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

☒ **Notification** 45-15154-03/45-25118-01
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** 137188/137189
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: 02220
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20051130
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: DANVILLE DIAGNOSTIC IMAGING CENTER
Received Date: 20050609
Docket No: 3031883
Control No.: 137188
License No.: 45-25118-01
Action Type: Notifications

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Ref. 137189

Signed
Date

Rebecca J. J. J.
6/17/2005

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 _____

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140531
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: DANVILLE REGIONAL MEDICAL CENTER
Received Date: 20050609
Docket No: 3013667
Control No.: 137189
License No.: 45-15154-03
Action Type: Notifications

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

3. COMMENTS

Ref. 137189
Signed Rebecca J. Ford
Date 6/11/2005

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 _____