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. 45-15154-03 030 13667

> > Danville Diagnostic Imaging Center License No. 45-25118-01 030 31883

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

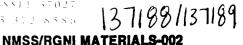
Upon completion of the transaction, I will send a copy of the General Bill of Sale and Assignment to your office as evidence of the effective date. I can be reached at (615) 565-1538 if you have any questions or need any further information in this matter.

Yours truly,

Fage S. E. Leward

Faye S. Edwards Director, Regulatory Affairs

Cc: Neil W. Kunkel, Jr.



ر ا

This is to acknowledge the receipt of your letter/application dated $\begin{array}{c} \underline{4} \\ \underline{4} \\ \underline{2005} \\ \underline{1005} \\ \underline{1005$

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.

NRC FORM 532 (RI) (6-96)

- -----

Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE)
	: INFORMATION FROM LTS
BETWEEN:	:
	:
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 Regd: N

LICENSE FEE TRANSMITTAL

- A. REGION
- 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

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:

Allendilenc	
Renewal	
License	

3. OTHER

Signed ______ Date _____

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
	:
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 Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

- 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. 137188 Signed Date 6117 4005

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

1. Fee Category and Amount: _____

 Correct Fee Paid. Application may be processed for: Amendment

Renewal	
License	

3. OTHER

Signed ______ Date _____