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

OFFICIAL BUSINESS

BAU Memorial Hospital

2401 W. UNIVERSITY AVE

MUNCIE, IN

47303

ATTN: ALVIS FOSTER

A.,

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NRC FORM 532A (RIII) (10-2004)	LICENSE NUMBER	13-00	0951-0	3 N	MAIL CONTROL IUMBER	314583
	AMENDMEN	т <u>Х</u>	TERMINATION		IEW LICENSE _	
This is to acknowledge the receipt of your letter/application dated June 21, 2005 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 531, which is being sent to you separately.						
A copy of your action h contact you separately				nd Accounts R	eceivable Brar	nch, 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

information. If you have any questions concerning the processing of your application, you may contact us

application (90 days for all other requests), may identify additional omissions or require additional

at 630-829-9887.