

MAC



640 Park Avenue • P.O. Box 915 • Shelby, Montana 59474-0915
406-434-3200 • Fax 406-434-3213

AUG 16 2005

August 11, 2005

United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

Subject: License Amendment

This letter, as dated above, is to request a license amendment for changes to the "location of use" address for Marias Medical Center, NRC license #25-27641-01.

The new location of use address is now:

Marias Medical Center
640 Park Avenue
Shelby, Montana 59474

This is only an address change, it is not a physical move.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark A. Cross'.

Mark A. Cross, CEO
Marias Medical Center

MAC/sem
cc/file

This is to acknowledge the receipt of your letter/application dated 3/11/05, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

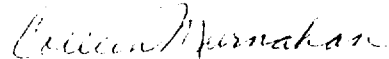
Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

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 470658.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

: : : : :
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20091031
: Fee Comments:
: Decom Fin Assur Regd: N
: : : : :
: : : : :
: : : : :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MARIAS MEDICAL CENTER
Received Date: 20050816
Docket No: 30352221
Control No.: 470658
License No.: 25-27641-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Collette M. Anderson*
Date 8/23/08

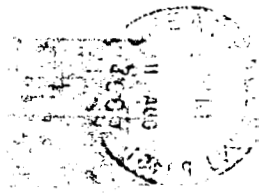
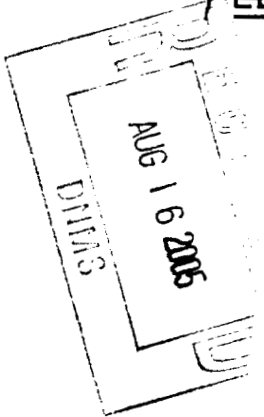
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

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

Signed _____
Date _____



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