

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE RD STE 210
LISLE IL 60532-4362

OFFICIAL BUSINESS

Don M. Huddleston, D.O., RSO
Imaging Center
St. John's Clinic-Rolla
1100 W. 10th Street
Rolla, MO 65401

NRC FORM 532A (RIII)
(10-2004)

LICENSE
NUMBER

24-32615-01

MAIL CONTROL
NUMBER

315334

AMENDMENT _____

TERMINATION _____

NEW LICENSE

X

This is to acknowledge the receipt of your letter/application dated 3/13/06 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 has been forwarded to our License Fee and Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

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 application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, you may contact us at 630-829-9887.

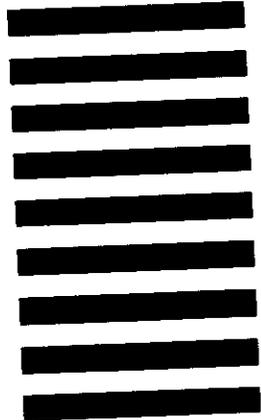
the existence of nontax debts under the provisions of the 1996
Collection Improvement Act of 1996. The information may also be
disclosed to an appropriate Federal, State, local or Foreign agency in

Accounting and Finance, Office of the Chief Financial Officer
Nuclear Regulatory Commission, Washington, DC 20555-0001

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON DC 20555-0001



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 12904 WASHINGTON DC
POSTAGE WILL BE PAID BY U.S. NUCLEAR REGULATORY COMMISSION

LFARB T-9 E10
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CHIEF FINANCIAL OFFICER
U S NUCLEAR REGULATORY COMMISSION
WASHINGTON DC 20277-2904



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

In accordance with the Debt Collection Improvement Act of 1996, you are required to provide your taxpayer identification number. This number may be used to make payments (refunds) or for purposes of collecting and reporting on any delinquent amounts arising out of your relationship with the Federal Government.

Please complete the applicable blocks and fold the card so that this section is inside and the NRC address appears on the outside. Seal it with tape and return it to the NRC. Thank you for your assistance and cooperation. If you have any questions, please contact us. Our telephone number is 301-415-7347.

Indicate the status of your business:

CORPORATION

CITY/STATE GOVERNMENT

INDIVIDUAL

PARTNERSHIP

FEDERAL GOVERNMENT

OTHER (Specify)

TAXPAYER IDENTIFICATION NUMBER,
SOCIAL SECURITY NUMBER, OR
INDIVIDUAL TAXPAYER IDENTIFICATION
NUMBER

□ □ - □ □ □ □ □ □ □ □

LICENSE NUMBER(S)

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|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 2 | 4 | - | 3 | 2 | 6 | 1 | 5 | - | 0 | 1 | | |
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| SIGNATURE - TAXPAYER REPRESENTATIVE | NAME OF COMPANY <i>ST. JOHN'S CLINIC - ROLLA</i> |
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