

LIFEPOINT
HOSPITALS, INC.

June 29, 2006

VIA UPS

NM581

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

03013268

Re: Saint Francis Hospital
Charleston, West Virginia
License No. 47-17745-01

Dear Mr. Bermudez:

At your request, attached are responses to the questions required in a change in control of the above license.

I will again notify your office as soon as the transaction is completed. I can be reached at (615) 565-1538 or faye.edwards@lpnt.net if you have any questions or need any further information in this matter.

Yours truly,


Faye S. Edwards
Director, Regulatory Affairs

Cc: Robert N. Klein
Paul Hannah
Karin Anderson-Barrett

SAINT FRANCIS HOSPITAL
License Number 47-17745-01
Information Needed For Transfer of Control

1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

LifePoint WV Holdings, Inc. will acquire all of the ownership interest in Charleston Hospital, LLC ("Licensee"), the owner and operator of Saint Francis Hospital (the "Hospital"). The Licensee will continue to own and operate the Hospital following the transaction. The Licensee will remain in control of License No. 47-17745-01 (the "License"). The name of the Hospital will not change. The name of the Licensee will not change.

The new licensee contact and telephone number to facilitate communications with the new owner is Faye S. Edwards (615) 565-1538 or faye.edwards@lpnt.net. The licensee contact and telephone number at the licensed location continues to be Brian Lilly, 304-347-6483.

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

Attachment A contains a list of the officers and directors of Charleston Hospital, LLC. There are no changes in the personnel identified in the current license.

3. Describe any changes in the organization, location, facility, equipment or procedures that relate to the licensed program.

There are no planned material changes in organization, location, facility, equipment or procedures other than the change in officers and directors of the Licensee set out above.

4. Describe the status of all surveillance programs (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

All surveillance items are current and are expected to be current at the time that the transaction is completed.

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to the NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

All records concerning the safe and effective decommissioning of the facility will continue be in the control of the Licensee.

6. Confirm that the transferee will abide by all constraints, conditions, requirement and commitments of the Transferor or that the Transferee will submit a complete description of the proposed licensed program.

The Licensee agrees that it will continue to abide by all constraints, conditions, requirements and commitments previously made to the NRC and identified in the existing license.

Dated this 29th day of June, 2006.

Charleston Hospital LLC

By: _____

Title: _____

[Signature]
Division President

Attachment

Officers/Managers

President
Chief Financial Officer
Chief Operating Officer
Senior Vice President
Senior Vice President
Senior Vice President
Vice President
Secretary

Robert N. Klein
Michael J. Culotta
William M. Gracey
R. Scott Raplee
Gary D. Willis
William E. Hoffman, Jr.
W. Vail Willis
Mary Kim E. Shipp

Board of Directors

William M. Gracey
Michael J. Culotta

Address for Officers/Managers and Directors

103 Powell Court
Suite 200
Brentwood, TN 37027

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

6/29/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 47-17745-01
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 139073.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.