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

OFFICIAL BUSINESS

ROBERT SNYDER, DIRECTOR OF RADIOLOGY DEPARTMENT OF RADIOLOGY ST. JOSEPH HEALTH SYSTEM LLC. d/b/a ST. JOSEPH MEDICAL CENTER 700 BROADWAY FORT WAYNE, IN 46802

| NRC FORM 532A (RIII) (10-2004) | LICENSE NUMBER | 13- | 00418-02 | MAIL CONTROL NUMBER | 31592 |
|---|-------------------|--------------|--|-------------------------|-------------------|
| | AMENDMENT | _X_ | TERMINATION | NEW LICENSE | |
| This is to acknowledg | | | | | een performed. |
| There were no a | dministrative on | nissions ide | entified during our init | tial review. | |
| | | | l not include your tax to you separately. | payer identification nu | mber. Please |
| A copy of your action contact you separatel | | | | ccounts Receivable B | ranch, who will |
| Your application has I | oeen assigned 1 | the above I | isted MAIL CONTRO | OL NUMBER. When o | alling to inquire |

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.