## UNITED STATES NUCLEAR REGULATORY COMMISSION REGION III 244.3 WARRENVILLE RD STE 210 LISLE IL 60632-4362

**OFFICIAL BUSINESS** 

ST. ANTHONY'S MEDICAL CENTER
10010 KENNERLY ROAD
ST. LOUIS, MO 63128
ATTN: Mark Pohlman
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NRC FORM 532A (RIII) (10-2004)	LICENSE NUMBER	21-01041-0	4	MAIL CONTROL NUMBER	316232
	AMENDMENT	TERMINATION		NEW LICENSE _	<u> </u>
and to inform you that	the initial proce	your letter/application datessing, which included an	administrativ	e review, has be	en performed.
There were no ad	ministrative on	nissions identified during o	our initial revi	ew.	
		license did not include yo being sent to you separate		dentification num	ber. Please

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 a bout 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 a pplication (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.