UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE RD STE 210
LISLE IL 60632-4352

OFFICIAL BUSINESS

John S. To, M.D., RSO

Dickinson County Memorial Hospital
1721 South Stephenson
Iron Mountain, MI 49801

NRC FORM 532A (RIII) (10-2004)	LICENSE NUMBER	21-1	8889-01	MAIL CONTROL NUMBER	31635
	AMENDMEN	т <u>Х</u>	TERMINATION	NEW LICENSE _	
This is to acknowledge the receipt of your letter application dated <u>6-26-07</u> , 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 fill out NRC Form			not include your taxpay to you separately.	er identification num	ber. Please
A copy of your action h contact you separately			License Fee and Accou olved.	ints Receivable Bra	nch, who will

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.