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February 6, 2008

## VIA OVERNIGHT COURIER

U.S. NRC Region III  
2443 Warrenville Road  
Suite 210  
Lisle, IL 60532-4352

Re: Materials License No. 24-18040-01; Mineral Area Regional Medical Center

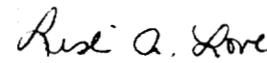
Dear Sir or Madam:

Please accept this letter as notice that Capella Healthcare, Inc. ("Capella") and CHS/Community Health Systems, Inc. ("CHS") have entered into a Stock Purchase Agreement pursuant to which, among other things, Capella (or a wholly-owned subsidiary) will purchase 100% of the stock of Farmington Hospital Corporation ("Corporation") from CHS. Corporation is the 100% owner of Farmington Missouri Hospital Company, LLC, which owns and Mineral Area Regional Medical Center ("Hospital"). Capella anticipates that the transaction will close as early as February 15, 2008.

Hospital currently holds a Nuclear Regulatory Commission Materials License No. 24-18040-01. Hospital will remain located at 1212 Weber Road Farmington, MO 63640. There will be no changes in the policies, procedures, or operations of Hospital as a result of the transaction. There will be no changes to the services provided by Hospital as a result of the transaction.

Thank you for your time and attention to this matter. Don't hesitate to contact me at (615) 850-8916 if you have any questions or require further information.

Sincerely,

  
Lesli A. Love

LAL/bb  
Enclosures

cc: Howard T. Wall III, Esq. (w/ enclosure)  
George W. Bishop, Esq. (w/ enclosure)  
Nora L. Liggett, Esq. (w/ enclosure)  
Kevin P. Kimery, Esq. (w/ enclosure)  
David C. Head, Esq. (w/ enclosure)

RECEIVED FEB 08 2008

**Change of Control and/or Change of Ownership  
(includes Change of Name)**

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 860-8263 or (817) 860-8188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

Information Required for Change of Control and/or Change of Ownership  
(to include a name change)  
Source: NUREG-1556, Volume 15

**Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.**

1. Provide a complete description of the transaction (i.e., 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.

A. Description of the transaction:

stock transfer of parent company

B.  No name change

New name of licensed organization: \_\_\_\_\_

C.  No change in contact

New contact: \_\_\_\_\_

New telephone number: \_\_\_\_\_

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

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

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

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

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

A. Description of the status of all surveillance program:

no change in present operation

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes       No (explain)

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

Records transferred to:

New licensee       NRC for license termination       Not applicable

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

Capella Healthcare, Inc. will abide by all constraints, conditions, requirements and commitments of Community Health Investment Company, LLC (as indirect, outgoing parent of Farmington Missouri Hospital Company, LLC).

(transferee company)

(transferor company)

\_\_\_\_\_  
Signature/Title  
Transferee Official

\_\_\_\_\_  
Signature/Title  
Transferor Official

RACHEL A. SEIFERT  
SENIOR VICE PRESIDENT

\_\_\_\_\_  
date

\_\_\_\_\_  
date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)

\_\_\_\_\_  
Certifying Officer - Signature

1/31/2008  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Officer - Typed name and title



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