



March 19, 2008

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

MAR 24 2008

DNMS

Re: License 11-27082-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14, this is notification that we are deleting one authorized user from the license.

1. Glenn Richard Albertson, M.D. is no longer working at this facility.

If you require additional information, please call 208-737-2031.

Sincerely,

A handwritten signature in cursive script that reads "Robert Wasserstrom".

Robert Wasserstrom, M.D.
Radiation Safety Officer

4-18-08
DATE

This is to acknowledge the receipt of your letter/application dated 3-19-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within — days.

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** 471765.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20110331
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. LUKE'S MAGIC VALLEY REG MED CTR
 Received Date: 20080324
 Docket No: 3032236
 Control No.: 471765
 License No.: 11-27082-01
 Action Type: Notifications

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed Colleen Murnahan
 Date 4-15-08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/_)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____



St Luke's™

**Magic Valley Regional
Medical Center**

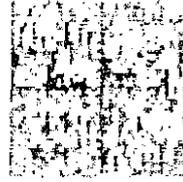
A St. Luke's Health System Hospital

DI

650 Addison Avenue West
P.O. Box 409
Twin Falls, Idaho 83303

Return Service Requested

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