

ST JOSEPH REGIONAL MEDICAL CENTER
 RADIATION ONCOLOGY
 707 E. CEDAR ST. STE 100
 SOUTH BEND, IN 46617

FACSIMILE TRANSMITTAL SHEET

TO: Colleen Casey	FROM: Radiation Oncology
COMPANY: NRC	DATE:
FAX NUMBER: 630-515-1078	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 630-829-9841	SENDER'S FAX NUMBER: 574-282-8906
RE: 317340	SENDER'S PHONE NUMBER: 574-237-8000

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

att. Colleen,
 please fax RSO change
 back to me at 574-282-~~8906~~8906.
 Please fax Varian IX change
 as well.

Thanks,
 Jim

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August 1, 2008

Colleen Carol Casey
United States Nuclear Regulatory Commission
Region III, Licensing Section
2443 Warrenville Road, Ste 210
Lisle, Illinois 60532-4352

Re: Mail Control Number 317340
USNRC License # 13-02650-02
USNRC License # 13-18880-01

Dear Ms. Casey:

I am listed as an AMP on our current license #13-02650-02. My name on that license is Joni Lacey. I got married and my name has changed to Joni Pintado.

Regarding control # 317340 please change Joni Lacey, MS AMP to Joni Pintado, MS AMP and RSO. Also regarding License #13-18880-01 (though your secretary made a mistake and did not assign a control number for this letter dated 7/21/08), please change my name from Joni Lacey AMP to Joni Pintado RSO.

Respectfully:

A handwritten signature in cursive script that reads "Joni Lacey Pintado". The signature is written in dark ink and is positioned to the right of the word "Respectfully:".

Joni Lacey Pintado, AMP
Saint Joseph Regional Medical Center