



The Cancer Center at Ball Memorial Hospital

Facsimile Cover Letter

To: MEDICAL LICENSING

(Name of Authorized Receiver)

USNRC REGION III

(Department or Facility)

Date: 4/1/09

Number of Pages: 2 (including Cover Sheet)

Telephone: _____

Fax: 630-515-1078

From: A. FOSTER

(Name of Sender)

RSO

(Department or Facility)

Telephone: 765-747-4440

Fax: _____

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United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

April 1, 2009

Re: USNRC Materials License No. 13-00951-03

Dear Sir/Madam:

I am writing to request a correction to the address listed on our materials license of our satellite cardiology facility located in Marion Indiana. It is currently listed as **1398** North Baldwin Street, Marion, IN 46952. The correct address is **1399** North Baldwin Street, Marion, IN 46952.

If you have any questions please feel free to contact me at 765-747-4440

Sincerely,

A handwritten signature in black ink that reads "Alvis E. Foster". The signature is written in a cursive style with a long horizontal line extending to the right.

Alvis E. Foster, PhD
Radiation Safety Officer

cc: File