

August 10, 2010

Br. 1

Via Federal Express

U.S. Nuclear Regulatory Commission
Region 1
Medical Branch, Division of Nuclear Safety
King of Prussia, PA 19406

03017038

Re: Notice of Change of Ownership: Bluefield Regional Medical Center (Lic. 47-19142-01)

Dear Sir or Madam:

I am writing on behalf of Bluefield Hospital Company, LLC ("Buyer") to provide formal notice of the anticipated change of ownership of Bluefield Regional Medical Center ("Hospital"). Buyer anticipates acquiring substantially all of the assets and operations of the Hospital from Bluefield Regional Medical Center, Inc. ("Seller") effective on or about October 1, 2010. Accordingly, enclosed is the Information Required for Change of Control and/or Change of Ownership form for the subject transaction, signed by both Buyer and Seller. Buyer hereby requests that the Hospital's Radioactive Materials License be transferred to Buyer as of the effective date of the Hospital acquisition.

Please note that, other than as indicated in the enclosed form, there are no anticipated changes in day-to-day operations at the Hospital affecting the materials and services covered by the Radioactive Materials License.

Thank you for your attention to this matter. Please contact me at (615) 252-4633 or jthompson@babbc.com if I may be of further assistance.

Very truly yours,

BRADLEY ARANT BOULT CUMMINGS LLP

By:

Jack C. Thompson

JCT/jt
Enclosure

Laurie Holtsford (w/ encl.)

2010 AUG 11 AM 10:52

RECEIVED

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: Acquisition by Bluefield Hospital Company, LLC ("Transferee") of substantially all of the assets and operations of Bluefield Regional Medical Center from Bluefield Regional Medical Center, Inc. ("Transferor").
 - B. No name change
 New name of licensed organization: Bluefield Hospital Company, LLC d/b/a Bluefield Regional Medical Center
 - 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): Please see attached listing of officers of Transferee.
 - 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. None.

<input type="checkbox"/> Organization:	<input type="checkbox"/> Equipment:
<input type="checkbox"/> Location:	<input type="checkbox"/> Procedures:
<input type="checkbox"/> Facility:	<input type="checkbox"/> 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: Transferor attests that all required surveillance has been performed, documented and reviewed as of the present time.

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

Yes No (explain)

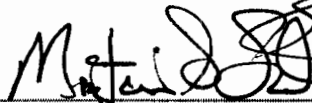
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

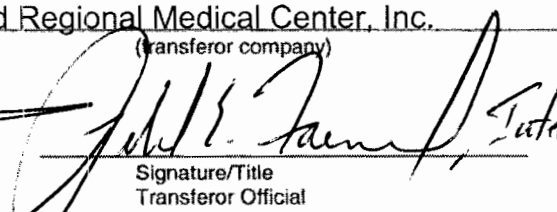
Records transferred to:

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.

Bluefield Hospital Company, LLC will abide by all constraints, conditions, requirements and commitments of Bluefield Regional Medical Center, Inc.
(transferee company) (transferor company)


Signature/Title
Transferee Official
8/9/10
date

 Titarian CEO
Signature/Title
Transferor Official
7/19/10
date

OR

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

OR

Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title

Attachment 2.A.

The following persons will serve as officers of Bluefield Hospital Company, LLC:

Martin G. Schweinhart	President
W. Larry Cash	Executive Vice President
Rachel A. Seifert	Senior Vice President and Secretary
James W. Doucette	Vice President and Treasurer
T. Mark Buford	Vice President

This is to acknowledge the receipt of your letter/application dated

8/10/10, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-19142-01) There were no administrative omissions. Your application was 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

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** 573310.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.