

St. Peter's Hospital

2475 Broadway • Helena, Montana 59601 • (406) 442-2480 • www.stpetes.org

RECEIVED

APR 04 2011

DNMS

United States
Nuclear Regulator Commission
Region IV
612 East Lamar Boulevard, Suite-500
Arlington, Texas 76011-4125

License 25-12453-02

Subject: Removing an Authorized User from the License

March 30, 2011

To Whom It May Concern:
Please remove Dr. Robert Pfeffer from our license.

If you have any questions, please contact me at 406-495-6700.

Sincerely,



Rod Knable, ARRT (N)
Radiation Safety Officer
St. Peter's Hospital
2475 Broadway
Helena, MT 59601

574850

APR 12 2011

DATE

This is to acknowledge the receipt of your letter/application dated 3/30/11, 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 other 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 90 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** 574850.
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:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. PETER'S COMMUNITY HOSPITAL
Received Date: 04/04/2011
Docket Number: 3010917
Mail Control Number: 574850
License Number: 25-12453-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carl L Heie
Date: 4/6/11

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: _____

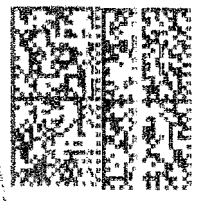
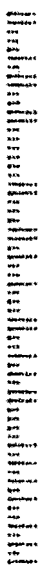
Date: _____



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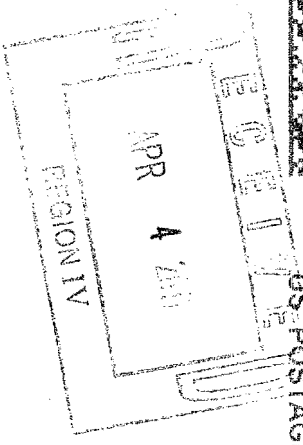
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03/31/2011

Mailed From 59601

US POSTAGE



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