



Livingston Memorial Hospital
Nuclear Medicine Department
Beth Lamphear, CNMT
504 South 13th Street
Livingston, MT 59047
March 25, 2011

USNRC Region IV
612 East Lamar Blvd., Suite 400
Arlington, Texas 76011-4125

Dear Sirs,

I am writing this letter to request that correspondence to Livingston Memorial Hospital, license number 25-27450-01, be addressed to Beth Lamphear, CNMT as Roberta Taylor has retired. Thank you for making this change.

Sincerely,

Beth Lamphear, CNMT
Beth Lamphear, CNMT
Nuclear Medicine Technologist

RECEIVED

APR 06 2011

DNMS

No 574868

574868

Postmarked

APR 12 2011

This is to acknowledge the receipt of your letter/application dated 4/11/11 and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

- 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** 574868.
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: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LIVINGSTON MEMORIAL HOSPITAL
Received Date: 04/06/2011
Docket Number: 3032948
Mail Control Number: 574868
License Number: 25-27450-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carl L. Hise

Date: _____

4/7/11

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: _____

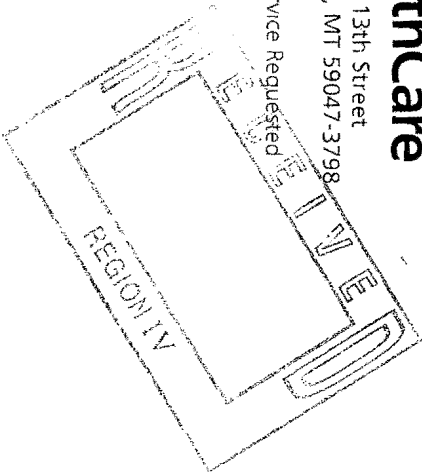
Date: _____



Livingston
HealthCare

504 South 13th Street
Livingston, MT 59047-3798

Address Service Requested

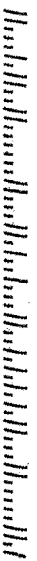


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