

JAC

Livingston Memorial Hospital
Nuclear Medicine Department
504 South 13th Street
Livingston, MT 59047-3798
May 12, 2011

RECEIVED
MAY 24 2011
DNMS
RECEIVED
MAY 24 2011
REGION IV

U. S. Nuclear Regulatory Commission
611 Ryan Plaza Drive
Arlington, TX 76011

RE: License 25-27450-01

Dear Sir or Madam:

This letter is to request an amendment to remove Ronald T. Egan, MD as an Authorized User to our Radioactive Materials License for byproduct materials permitted in 10 CFR 35:100 and 35:200.

Thank you.

Sincerely,

Beth Lamphear, CNMT

Beth Lamphear, CNMT
Nuclear Medicine Technologist

JUN - 9 2011
DATE

This is to acknowledge the receipt of your letter/application dated 5/12/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

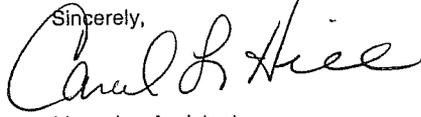
There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

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** 575222.
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 Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LIVINGSTON MEMORIAL HOSPITAL
Received Date: 05/24/2011
Docket Number: 3032948
Mail Control Number: 575222
License Number: 25-27450-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: _____

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: _____

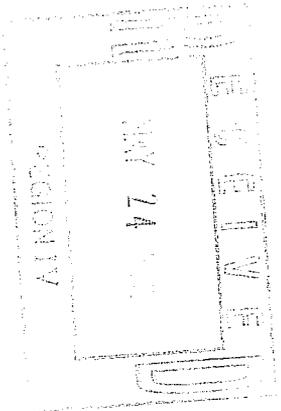
Date: _____



Livingston
HealthCare

504 South 13th Street
Livingston, MT 59047-3798

Address Service Requested



U.S. Nuclear Regulatory
Commission
611 Ryan Plaza Drive
Arlington, TX 76011



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