



MADISON
MEMORIAL HOSPITAL

450 East Main, P.O. Box 310
Rexburg, Idaho 83440-0310
(208) 356-3691

RECEIVED

AUG 25 2011

DNMS

MD 19 August 2011

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

SUBJECT: RSO CHANGE

REFER TO DOCKET: 030-32299

LICENSE NUMBER: 11-27358-01

Please change the RSO from Dr. Randall B. Kiser, M.D., to Dr. Justin A. Lamb, D.O.

Respectfully,

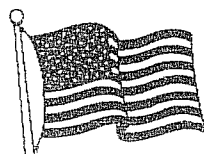
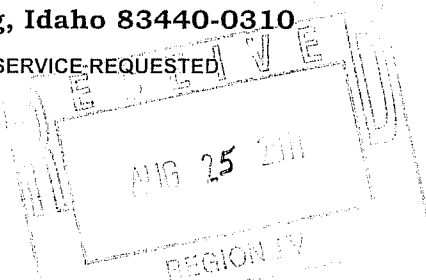
Bruce Dye
Director of Radiology
Madison Memorial Hospital

575888



450 East Main, P.O. Box 310
Rexburg, Idaho 83440-0310

ADDRESS SERVICE REQUESTED

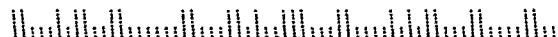


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REGION IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

575888

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AUG 31 2011

DATE

This is to acknowledge the receipt of your letter/application dated 8/19/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

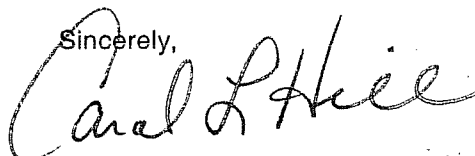
- There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

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** 575888.
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 Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MADISON MEMORIAL HOSPITAL
Received Date: 08/25/2011
Docket Number: 3032299
Mail Control Number: 575888
License Number: 11-27358-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Munnahan
Date: 8-29-2011

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: _____