

# Hill, Carol

---

**From:** Ryan-O'Hara, Kimberly  
[KRyanOhara@communitymed.org]  
**Sent:** Thursday, October 27, 2011 9:59 AM  
**To:** Hill, Carol  
**Subject:**  Amendment request for RAM #25-18361-01

Dear Ms. Hill,

I would like to request an amendment to RAM license #25-18361-01. The purpose of the amendment is to remove Dr. Alan Gabster from our list of authorized users. Dr. Gabster is now deceased.

Please let me know if this e-mail is sufficient or if I need to do something else for this request.

Thank you,

Kim Ryan-O'Hara, CNMT, RT(N)  
Nuclear Medicine  
Community Medical Center  
Missoula, Montana 59804

(406) 327-4657

RECEIVED

OCT 27 2011

DNMS

No. 576270

OCT 27 2011

DATE

This is to acknowledge the receipt of your letter/application dated OCT 27 2011, 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** No. 576270  
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: 05/31/2013  
Fee Comments: CODE 23  
Decom Fin Assur Reqd: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY MEDICAL CENTER, INC.  
Received Date: 10/27/2011  
Docket Number: 3014921  
Mail Control Number: 576270  
License Number: 25-18361-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

##### 3. COMMENTS

Signed:

*Carol L. Hise*

Date:

10/27/11

#### 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: \_\_\_\_\_