

From: Lanzisera, Penny
Sent: Tuesday, March 06, 2012 9:10 AM
To: Sharon Long
Subject: Davis Memorial Hospital Request for Additional Information

Licensee: Davis Memorial Hospital
License No. 47-24864-01
Docket No. 03029484
Mail Control No. 576599

Ms. Long,

To support renewal of the license for Davis Memorial Hospital, please submit the following additional information:

Please request senior management (e.g., CEO or COO) review the application dated December 21, 2011 and concur, **by their signature**, with the statements made there-in.

You may fax your response to my attention to 610-337-5269. Please include Mail Control No. 576599 in your response. Thank you for your assistance,

Penny Lanzisera
Senior Health Physicist
US NRC Region 1