

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL  
TO: N/A  
COMPANY: Black River Community Med. Ctr.

NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892 FAX: (630) 515-1259

# PAGES: 1 TEL.: (573) 727-9080

FAX : N/A

**CONVERSATION RECORD**

	TIME	DATE
	10:00 am	February 17 & 24, 2012
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Mark Beanblossom	(636) 798-2250	Consultant
Susan Merick	(573) 776-7009	Black River Community Medical Center
REPRESENTED PERSON or PERSONS		ORGANIZATION
Donna L. Almond, D.O., RSO		Black River Community Med. Ctr. (transferee) Poplar Bluff Medical Partners (transferor)
SUBJECT		
License No.: 24-32383-01		Control No.: 576552

**SUMMARY**

We have reviewed your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

The letter dated November 8, 2011, is signed only by one person. The signature is not legible, and no title is listed. The letter, including all information needed for a transfer of control, must be signed by a management representative from each of the transferee, Black River Community Medical Center d/b/a Black River Medical Center and the transferor, Poplar Bluff Medical Partners. The letter should be resubmitted, including signatures by all relevant management. **RESPONSE: The licensee resubmitted the transfer of control request letter via facsimile on February 24, 2012. The resubmission included signatures from both the transferor and transferee. No additional information is required.**

We have requested that you submit the referenced item –

**Notification with commitments signed by both transferor and transferee.**

– via facsimile, to (630) 515-1078. Please reference the Control No. 576552, as listed at the top of this memo.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

Please submit the requested information within 7 days of our phone conversation. **Include reference control number 576552, with your response. Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file. The additional information has been received. No additional information is needed.

Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster

*Sara A.B. Forster* 03/02/2012