

*file*

**RECEIVED**

JUL 2 2012

**DNMS**



**LivingstonHealthCare**

*the heart of community care*

Livingston HealthCare  
Nuclear Medicine Department  
Josh Penner, CNMT  
504 South 13<sup>th</sup> Street  
Livingston, MT 59047  
June 28, 2012

USNRC Region IV  
1600 East Lamar Blvd.  
Arlington, Texas 76011-4511

Dear Sirs,

I am writing this letter to request that correspondence to Livingston HealthCare, license number 25-27450-01, be addressed to Josh Penner, CNMT as Beth Lamphear has changed to PRN status. Thank you for making this change.

Sincerely,

*Josh Penner, CNMT*  
Josh Penner, CNMT  
Lead Nuclear Medicine Technologist

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: *Jue* Date: *8/3/12*



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Nuclear Medicine Department  
Josh Penner, CNMT  
504 South 13<sup>th</sup> Street  
Livingston, MT 59047  
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Sincerely,

*Josh Penner, CNMT*  
Josh Penner, CNMT  
Lead Nuclear Medicine Technologist

*Beth Lamphear, CNMT*

# Nuclear Medicine Technology Certification Board

hereby certifies that

## Joshua D. Penner

has met the requirements through examination  
by this board and is hereby qualified  
to practice the speciality of

### Nuclear Medicine Technology

December 16, 2006



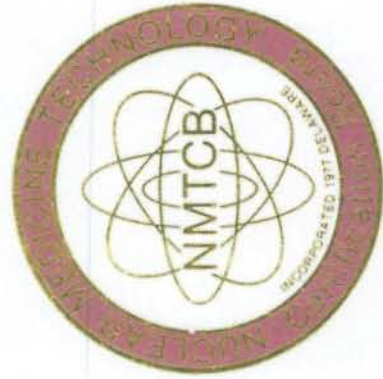
Chair



Secretary



Certificate Number  
029473



BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02121  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 03/31/2013  
Fee Comments:  
Decom Fin Assur Req: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: Livingston Healthcare  
Received Date: 08/20/2012  
Docket Number: 3032948  
Mail Control Number: 579296  
License Number: 25-27450-01  
Action Type: Amendment

[ FOR ARPB USE ]

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