

From: [Gryglak, Magdalena](#)
To: ["Bryce Caudle"](#)
Subject: Request to terminate license no. 13-32301-01, Lutheran Medical Group, LLC
Date: Monday, October 05, 2020 1:54:00 PM
Attachments: [nrc314.pdf](#)

Good afternoon Mr. Caudle,

I am working on the licensee's request dated August 27, 2020 to terminate license no. 13-32301-01.

Please provide a signed and dated NRC Form 314 (see attached).

You may submit it directly to me via email.

Thank you

Magdalena R. Gryglak
U.S. NRC Region III
630-829-9875