

RECEIVED  
DEC 13 2021  
DNMS

# LIFEPOINT HEALTH

RECEIVED  
DEC 13 2021  
DNMS

VIA OVERNIGHT MAIL AND EMAIL

December 8, 2021

Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region IV  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511  
Carol.Hill@nrc.gov

Mail Control Number: 629504

Docket Number : 3032211

License Number : 11-27371-01

Licensee Name : St. Joseph Regional Medical Center, Inc.

Re: St. Joseph Hospital, LLC d/b/a St. Joseph Regional Cancer Center - Transfer of Indirect Control of NRC License No. 11-27371-01

Dear Sir or Madam:

In accordance with 10 C.F.R. §30.34(b) and Volume 15, Rev. 1 of NUREG-1556, please accept this letter as an official notice to the Nuclear Regulatory Commission ("NRC") of an upcoming reorganization resulting in an *indirect* transfer of 100% of the equity interest of St. Joseph Hospital, LLC d/b/a St. Joseph Regional Cancer Center (the "Licensee") to an affiliate of the Licensee. The Licensee operates an acute care hospital including a cancer center (the "Hospital") and holds the above-referenced NRC License.

In addition, in accordance with Volume 15, Rev. I of NUREG-1556, Appendix E, the transferor and transferee provide the following information related to the upcoming reorganization and respectfully request your consent to the transfer of indirect control of the NRC License.

- 1. Describe any planned changes in the organization, including but not limited to, transfer of stocks or assets and mergers, change in members on Board of Directors, etc. Provide the new licensee name, mailing address, and contact information, including phone numbers. Clearly identify when the amendment request is due to a name change only.**

LifePoint Health, Inc. ("LifePoint") and its affiliates intend to effect an internal reorganization that will transfer ownership of the 100% equity interest in the Licensee from a wholly-owned subsidiary of LifePoint to Knight Health II LLC ("Knight Health"), an affiliate under common ownership with LifePoint (the "Reorganization"). The Reorganization will be accomplished by transferring the equity of the parent of the Licensee to Knight Healthcare New-B LLC ("Knight Sub"), a wholly-owned subsidiary of LifePoint, and immediately thereafter transferring the equity of Knight Sub to Knight Health.

330 Seven Springs Way, Brentwood, Tennessee 37027

Phone 615.920.7000 Fax 615.920.8948

LIFEPOINTHEALTH.NET

The Reorganization is anticipated to take place on December 23, 2021.

Organizational charts showing the ownership of the Licensee before and after the Reorganization are attached as Attachment A.

In connection with the Reorganization, the parties request the NRC's written consent to transfer indirect control of the Licensee's NRC License to Transferee, as the acquiring indirect grandparent of Licensee.

Please note that the Reorganization will result only in an *indirect* transfer of stock ownership of the Licensee from the transferor to the transferee (see contact information below), both of which are affiliates under common ownership with LifePoint. Meaning, following the completion of the Reorganization the Licensee will continue to be under common ownership with LifePoint. We further note that both before and after the Reorganization, the entity operating the Hospital and holding the NRC License is St. Joseph Hospital, LLC d/b/a St. Joseph Regional Cancer Center. Meaning, the Licensee is not changing.

The Reorganization will not result in a change to the legal name, doing business as name, tax identification number, or mailing address of the Licensee, nor will the Reorganization result in any immediate change to the officers, managers, or directors of the Licensee. In addition, the Reorganization is not expected to result in any change to the operations, facilities, equipment, personnel, or policies of the Licensee or to the licensed materials, persons using the license materials, location of use of licensed materials, or Licensee's radiation safety program. Furthermore, the Reorganization does not constitute a change of ownership for Medicare purposes. We also note that the transferee, Knight Healthcare New-B, LLC does not currently own any other healthcare facility that currently holds an NRC license.

Licensee's Contact Information:	St. Joseph Hospital, LLC (d/b/a St. Joseph Regional Medical Center) 415 6 <sup>th</sup> Street Lewiston, ID 83501 (208) 743-2511
---------------------------------	--

Transferor's Contact Information:	Capella Healthcare, LLC 330 Seven Springs Way Brentwood, TN 37207 (615) 920-7646
-----------------------------------	---

Transferee's Contact Information:	Knight Healthcare New-B, LLC 330 Seven Springs Way Brentwood, TN 37207 (615) 920-7646
-----------------------------------	--

- 2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel and any changes in the training program.**

The Reorganization will not result in any changes in personnel, duties or the training program that related to the activities conducted under the Licensee's NRC license.

- 3. Describe any changes in the location, facilities, equipment, radiation safety program, use, possession, waste management, or other procedures that relate to the licensed program.**

The Reorganization will not result in any changes in location, facilities, equipment, radiation safety program, use, possession, waste management, or other procedures that relate to the activities conducted under the Licensee's NRC License.

- 4. Describe the status of the licensee's facilities, equipment, and radiation safety program, including any known contamination and whether decontamination will occur prior to transfer. Include the status of calibrations, leak tests, area surveys, wipe tests, training, quality control, and related records.**

Licensee maintains its radiation safety program in accordance with NRC requirements, and all required surveillance records are accurate and up to date and will be current as of the effective date of the Reorganization. All records will remain on the Licensee's premises following the Reorganization. Licensee performs regular audits of its licensed activities and all surveys and wipe tests indicate that there is no contamination of the facility or equipment. Should any contamination occur prior to the Reorganization, it will be the responsibility of Licensee to decontaminate.

- 5. If current decommissioning funding plans (DFP) will be changed as a result of the transfer, the revised DFP should be submitted. If other financial assurance documents will be changed as a result of the transfer, confirm that all financial assurance instruments associated with the license will be held in the transferee's name before the license is transferred, and as required by 10 CFR 30.35(f), the licensee must, within 30 days, submit financial instruments reflecting such changes.**

There will be no changes to the Licensee's current operations. The Licensee maintains possession of licensed materials in quantities below the minimum limit specified in 10 CFR 30.35(d), such that decommissioning is not necessary.

- 6. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.**

All records will remain on the Licensee's premises following the Reorganization.



- 7. Confirm that both transferor and transferee agree to transferring control of the licensed material and activity, and the conditions of transfer, and that the transferee has been made aware of any open inspection items and its responsibility for resulting enforcement actions.**

Transferor and transferee of the Licensee, agree to the transfer of indirect control of the licensed material and activity and the conditions of transfer. There are no open inspections. Should any violations be identified prior to the Reorganization, Licensee will take full responsibility for such items and/or any resulting enforcement actions.

- 8. Confirm that the transferee will abide by all constraints, conditions, requirements, representations, and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.**

By signature on this letter, transferee hereby confirms that Licensee will abide by all constraints, conditions, requirements, representations, and commitments identified in and attributed to the existing NRC License as issued to the Licensee as of the effective date of the Reorganization.

- 9. The transferee, in the case of fuel cycle facilities, shall provide documentation showing that it is financially qualified to conduct normal operations. The information can be in the form of income statements and balance sheet forecasts.**

This question is inapplicable to Licensee as Licensee is not a fuel cycle facility.

We understand this is all the information you need in regard to the Reorganization and to provide your consent to the transfer of indirect control. If, however, you have questions or require additional information about this notice, please contact Elliot Bertasi, Esquire, of K&L Gates LLP, 222 Second Avenue South, Suite 1700, Nashville, Tennessee 37201, who can be reached by phone at (615) 780-6722 or e-mail at [elliot.bertasi@klgates.com](mailto:elliot.bertasi@klgates.com).

By signature below, transferor evidences its intent to transfer indirect control of the Licensee's NRC License to transferee as of the effective date of the Reorganization. The parties will confirm the conditions of transfer when the Reorganization becomes effective.

*[SIGNATURE PAGE TO FOLLOW]*

The undersigned, being authorized representatives of the Licensee, Transferor and Transferee, respectively, hereby certify this Transfer of Control information as of December 8, 2021.

**LICENSEE:**

**ST. JOSEPH HOSPITAL, LLC D/B/A ST. JOSEPH  
REGIONAL MEDICAL CENTER**

DocuSigned by:  
By: Kathy Seague  
Name: Kathy Seague  
Title: Assistant Vice President & Secretary

**TRANSFEROR:**

**CAPELLA HEALTHCARE, LLC**

DocuSigned by:  
By: Kathy Seague  
Name: Kathy Seague  
Title: Assistant Vice President & Secretary

**TRANSFeree:**

**KNIGHT HEALTHCARE NEW-B, LLC**

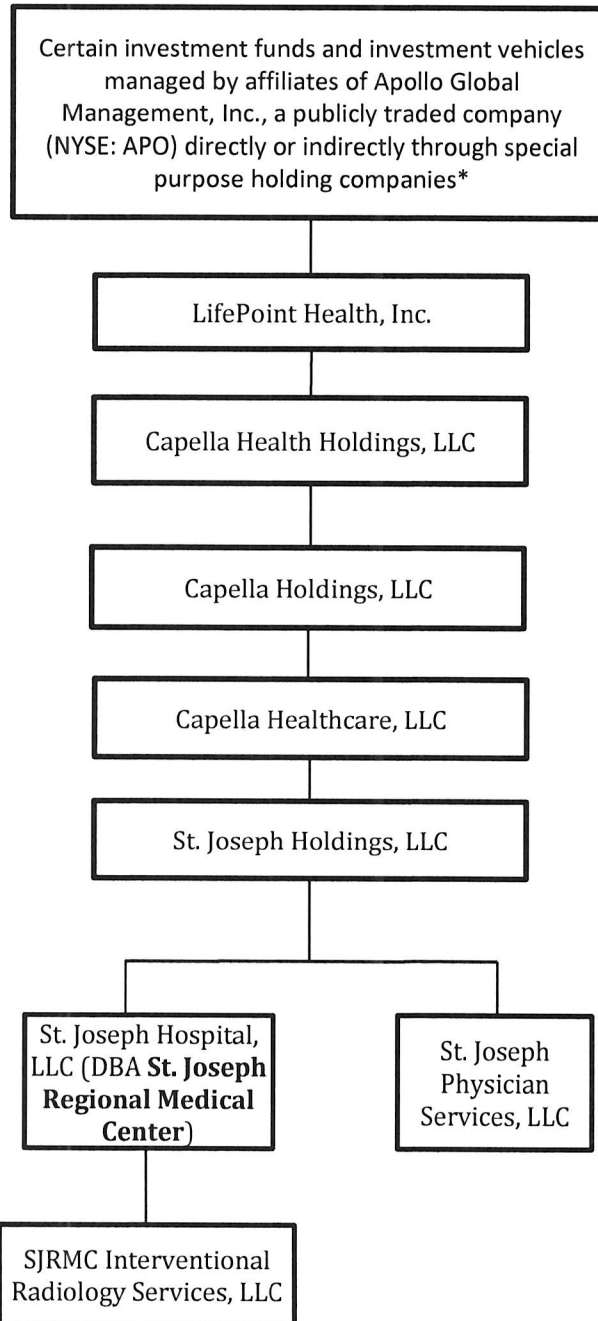
DocuSigned by:  
By: Robert Jay  
Name: Robert Jay  
Title: CEO and President

*[Signature Page to NRC License Transfer of Control Notice]*

## ATTACHMENT A

### Pre-Reorganization Structure

St. Joseph Hospital, LLC d/b/a  
St. Joseph Regional Medical Center

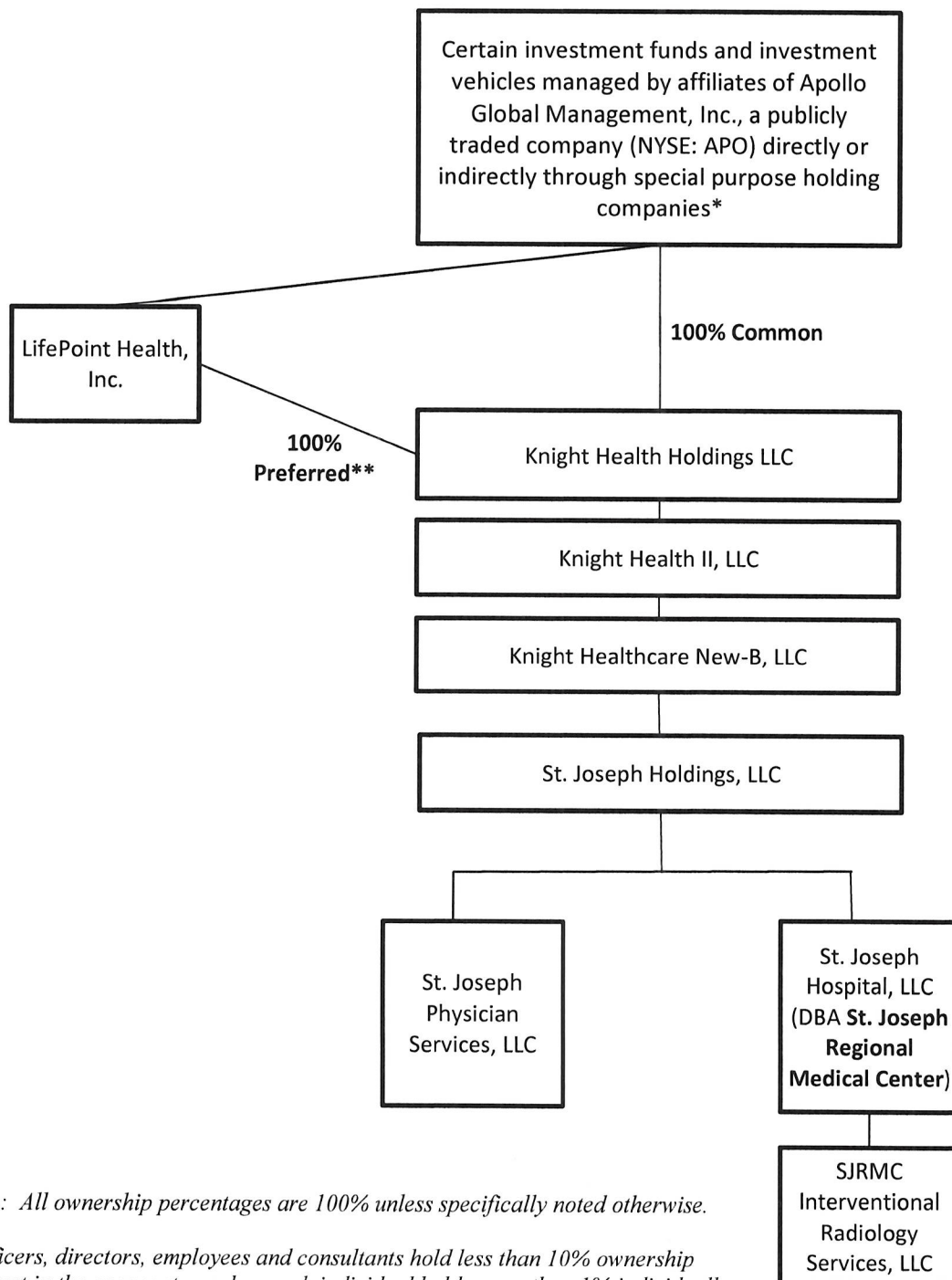


*Note: All ownership percentages are 100% unless specifically noted otherwise.*

*\*Officers, directors, employees and consultants hold less than 10% ownership interest in the aggregate, and no such individual holds more than 1% individually.*

## Post-Reorganization Structure

St. Joseph Hospital, LLC d/b/a  
St. Joseph Regional Medical Center



*Note: All ownership percentages are 100% unless specifically noted otherwise.*

*\*Officers, directors, employees and consultants hold less than 10% ownership interest in the aggregate, and no such individual holds more than 1% individually.*

*\*\*Represents a non-voting and non-participating preferred security interest.*



ORIGIN ID: RNCA (615) 780-6700 ELLIOT BERTASI K & L GATES 222 SECOND AVENUE SOUTH SUITE 1700 NASHVILLE, TN 37201 UNITED STATES US		SHIP DATE: 08DEC21 ACTWGT: 10.50 LB CAD: 2538523232MSX33600
<b>TO MATERIALS LICENSING BRANCH</b> <b>US NUCLEAR REGULATORY COMMISSION</b> <b>REGION IV</b> <b>1600 EAST LAMAR BOULEVARD</b> <b>ARLINGTON TX 76011</b>		
(615) 789-6769 REF: 3600001 00024 INV DEPT:		
PO		
TRK# 2872 7449 4753 THU - 09 DEC 11:30A PRIORITY OVERNIGHT TX-US 76011 DFW		
		
		
REL# 3785346 J212221101801uv		

56DJ3/E934/FE4A

FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

### Legal Terms and Conditions

Tendering packages by using this system constitutes your agreement to the service conditions for the transportation of your shipments as found in the applicable FedEx Service Guide, available upon request. FedEx will not be responsible for any claim in excess of the applicable declared value, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the applicable FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of 100 USD or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is 500 USD, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see applicable FedEx Service Guide. FedEx will not be liable for loss or damage to prohibited items in any event or for your acts or omissions, including, without limitation, improper or insufficient packaging, securing, marking or addressing, or the acts or omissions of the recipient or anyone else with an interest in the package. See the applicable FedEx Service Guide for complete terms and conditions. To obtain information regarding how to file a claim or to obtain a Service Guide, please call 1-800-GO-FEDEX (1-800-463-3339).





## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Taylor Rudd  
Chief Operating Officer  
St. Joseph Regional Medical Center, Inc.  
504 Sixth St  
Lewiston, ID 83501

(Change of Control)

## Date

12/16/2021

## License Number(s)

11-27371-01

## Mail Control Number(s)

629504

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/08/2021

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☐ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 2B 7C  
Exp. Date: 03/31/2023  
Fee Comments: 2B exempt under 7C 171.16 footnote  
Decom Fin Assur Req: N

---

## License Fee Worksheet - License Fee Transmittal

---

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: St. Joseph Regional Medical Center, Inc.  
Received Date: 12/13/2021  
Docket Number: 3032211  
Mail Control Number: 629504  
License Number: 11-27371-01  
Action Type: Change of Control

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 12/16/2021

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

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3032211	LICENSE NUMBER: 11-27371-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 629504	RECEIPT DATE: 12/13/2021	ACTION TYPE: Change of Control
DUE DATE: 06/11/2022	INST. CODE: 27371	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 07/28/1992	EXPIRATION DATE: 03/31/2023
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE:	
LICENSEE NAME: St. Joseph Regional Medical Center, Inc.	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 504 Sixth Street	CONT PLAN REQD: N      APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Lewiston	STATE: ID	ZIP: 83501
CONTACT PERSON: PREFIX:	FIRST NAME: Taylor	MIDDLE INITIAL:
LAST NAME: Rudd	SUFFIX:	
JOB TITLE: COO	PHONE: 208-799-5220	FAX: 208-799-5755      EMAIL: taylor.rudd@sjrmc.org
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Idaho	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02120	SECONDARY PGM CODE: 11210	
INSPECTION REGION: Region 4	PRIORITY: 3	
RSO: PREFIX:	FIRST NAME: Shawn	MIDDLE INITIAL:      LAST NAME Pickett
SUFFIX:	RSO JOB TITLE: RSO	
RSO PHONE: 208-799-5220	RSO FAX: 208-799-5755	RSO EMAIL: SPickett@landauermp.com
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		