

November 20, 2025

Materials Licensing Branch
Division of Radiological Safety and Security
US Nuclear Regulatory Commission (NRC), Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511
Attention: Neil O'Keefe



Re: Notice of Transaction

Dear Mr. O'Keefe:

Prairie Lakes Health Care System, Inc., a South Dakota nonprofit corporation ("PLHCS"), operates a facility regulated and licensed by your department in Watertown, South Dakota (License No. 40-16775-01).

I am writing to inform you that Sanford Health Network, a South Dakota nonprofit corporation ("Sanford") has entered into a definitive agreement with PLHCS, pursuant to which Sanford has become the sole corporate member of PLHCS. The transaction closed on October 31, 2025. Following the transaction, PLHCS remains the direct owner of the licensed facility. There will be no change in the license holder's name, DBA, EIN, or NPI. Furthermore, there is no impact to the day-to-day operation and services currently provided by the licensed facility.

We do not believe that the transaction triggers any formal processes within your department, as there is not a change in the direct ownership of the licensed facility or in the operation of the licensed facility, but we are providing this notice in an abundance of caution. **Please confirm that this transaction does not require us to take further action with your department.**

If you require additional information or have any questions regarding this matter, please contact me.

Thank you for your assistance,

Mail Control Number: 655624
Docket Number : 3011624
License Number : 40-16775-01
Licensee Name : Prairie Lakes Healthcare System, Inc.

Megan R Gilbertson B.A. RT(R)(M)(CT)

Megan R. Gilbertson B.A. RT (R)(M)(CT)
Director of Imaging Services
Prairie Lakes Healthcare System
Megan.Gilbertson@prairielakes.com
Office: (605)882-7986



PRAIRIE LAKES
Healthcare System

401 9th Avenue Northwest
PO Box 1210
Watertown, SD 57201-6210

RECEIVED
FEB - 3 2026

OF THE RETURN TO
CERTIFIED MAIL®



9589 0710 5270 0997 0999 09

DAI Retail

24



RDC 99



76011

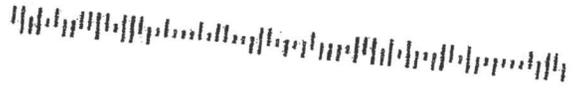
U.S. POSTAGE PAID
FCM LETTER
WATERTOWN, SD 57201
JAN 23, 2026

\$10.48

S2324Y501925-09

Materials Licensing Branch
Division of Radiological Safety and Security
US Nuclear Regulatory Commission (NRC), Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511
Attention: Neil O'Keefe

76011-459400





ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Shaun Pattrin
Radiation Safety Officer
401 9th Avenue Northwest
Watertown, SD 57201-6210

Date

02/09/2026

License Number(s)

40-16775-01

Mail Control Number(s)

655624

Licensing and/or Technical Reviewer or Branch

S. Collins

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/03/2026

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
DRSS/MLB
1600 E. Lamar Boulevard
Arlington, TX 76011-4511**

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2039
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Prairie Lakes Healthcare System, Inc.
Received Date: 02/09/2026
Docket Number: 3011624
Mail Control Number: 655624
License Number: 40-16775-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: S. Collins

Date: 02/09/2026

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: 3011624 LICENSE NUMBER: 40-16775-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 655624 RECEIPT DATE: 02/09/2026 ACTION TYPE: Amendment

DUE DATE: 05/10/2026 INST. CODE: 16775 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 11/07/1988 EXPIRATION DATE: 03/31/2039

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Prairie Lakes Healthcare System, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 401 9th Avenue Northwest CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2: P.O. Box 1210

CITY: Watertown STATE: SD ZIP: 57201-6210

CONTACT PERSON: PREFIX: FIRST NAME: John MIDDLE INITIAL:

LAST NAME: Allen SUFFIX:

JOB TITLE: Chief Executive Officer PHONE: 605-882-7000 FAX: EMAIL: john.allen@prairielakes

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02120 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Shaun MIDDLE INITIAL: LAST NAME Pattrin

SUFFIX: BA, AS RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 402-734-8045 RSO FAX: RSO EMAIL: shaun.pattrin@cardinalhealth.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):