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November 29, 2004

45-16635-01
03011371

04 DEC -2 A6 37

RECEIVED
REGION 1

VIA OVERNIGHT COURIER

U.S. NRC Region II
Attn: Division of Nuclear Materials Safety
Sam Nunn Atlanta Federal Center, 23 T85
61 Forsyth Street, S.W.
Atlanta, Georgia 30303-8931

Re: Wythe County Community Hospital; Materials License No. 45-16635-01

Dear Sir or Madam:

Wythe County Community Hospital, LLC (the "Buyer"), a Delaware limited liability company and wholly-owned subsidiary of LifePoint Hospitals, Inc., plans to purchase substantially all of the assets used in the operation of Wythe County Community Hospital, a 104-bed general acute care hospital located at 600 W. Ridge Road, Wytheville, Virginia (the "Hospital"). The Buyer does not anticipate any changes in the services to be provided by the Hospital. The tentative effective date for the change of ownership is January 1, 2005. As such, please send a change of ownership package to my attention at Waller Lansden Dortch & Davis, PLLC, 511 Union Street, Suite 2700, Nashville, Tennessee 37219.

Thank you for your assistance. If you have any questions or require additional information in this regard, please contact me at (615) 850-8781.

Very truly yours,

Sandra H. Blanton

Sandra H. Blanton
Paralegal

cc: Mary Kim E. Shipp
Patricia O. Powers, Esq.
Colbey B. Reagan, Esq.

This is to acknowledge the receipt of your letter/application dated

11/28/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NOTIFICATION 45-16635-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136070.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02121
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20110930
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: WYTHE COUNTY COMMUNITY HOSPITAL
Received Date: 20041202
Docket No: 3011371
Control No.: 136070
License No.: 45-16635-01
Action Type: Notifications

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed

Date

M. A. Perkins
12/5/2004

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 _____