



**UPMC** | University of Pittsburgh  
Medical Center

*Corporate Legal Department*

June 27, 2005

Iroquois Building, Suite 505  
200 Lothrop Street  
Pittsburgh, PA 15213-2582  
412-647-8637  
Fax: 412-647-7852

**SENT VIA FACSIMILE 610-337-5269  
AND  
VIA CERTIFIED MAIL  
7004 2510 0001 4397 7536**

United States Nuclear Regulatory Commission  
Attention: Licensing Assistance Team  
Region I-475 Allendale Road  
King of Prussia, PA 19406

RECEIVED  
REGION 1  
205 JUL - 1 PM 12:46

**RE: Notice of Termination: UPMC Lee Regional 03003053  
Materials License No. 37-05501-02  
Expiring: January 31, 2014**

Dear Licensing Assistance Team:

UPMC Lee Regional Hospital holds the above referenced Materials License from the United States Nuclear Regulatory Commission. In accordance with 10 CFR §§30.34(b), 40.46 and 70.36, this letter is to provide notice of the pending sale of UPMC Lee Regional Hospital, located in Johnstown, Pennsylvania, to Memorial Medical Center, an existing licensed acute care hospital, which is also located in Johnstown, Pennsylvania.

This sale will occur pursuant to an Asset Purchase Agreement entered into on December 20, 2004 by UPMC Lee Regional Hospital and Community Nursing, Inc., and their parent, UPMC, with Memorial Medical Center and its parent, Conemaugh Health System, Inc. This sale transaction is scheduled to close on August 1, 2005 and UPMC Lee Regional Hospital will no longer operate the facility as of that date, and instead it will be operated by Memorial Medical Center. Accordingly, this letter serves as formal notice of the termination of the above permit, effective 11:59 PM on July 31, 2005. On that date, substantially all the assets of UPMC Lee Regional Hospital, including all hospital and other healthcare facilities operated by UPMC Lee Regional Hospital, will be transferred to Memorial Medical Center.

Memorial Medical Center intends to continue to operate the hospital facility beginning August 1. Accordingly, Memorial Medical Center may contact you separately to advise you of its plans with respect to the materials licensure for this location.

(Ref 137299)

137298  
NMSS/RGNI MATERIALS-002

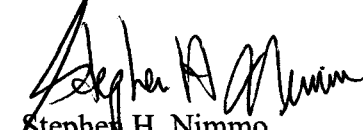
U.S. Nuclear Regulatory Commission

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We will advise you, in as timely a manner as possible, if the anticipated date of the transfer or any other of the foregoing information changes in any respect. If you have question or require additional information with respect to this transaction, please contact me at (412) 647-8480.

Very truly yours,

A handwritten signature in black ink, appearing to read "Stephen H. Nimmo". The signature is fluid and cursive, with a large initial "S" and "N".

Stephen H. Nimmo  
Managing Associate Counsel

SHN/kr

cc: Pam Hepp  
Roger Winn

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

6/27/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Termination 37-05501-02  
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 137298.  
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: 02120  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C 2B  
: Exp. Date: 20140131  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: UPMC LEE REGIONAL  
Received Date: 20050701  
Docket No: 3003053  
Control No.: 137298  
License No.: 37-05501-02  
Action Type: Termination

2. FEE ATTACHED

Amount: /  
Check No.:

3. COMMENTS

Signed *Rebecca J. Ford*  
Date 7/7/05

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