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**LICENSE AMENDMENT REQUEST**

Company: Avera McKennan Hospital

License No. 40-16571-01

Address: 800 East 21<sup>st</sup> Street

Docket No. 03 0-11252

City, State: Sioux Falls, SD

Zip Code: 57117

RIV

Please check one of the following options:

- ☒ We have reviewed our current license and have determined that we need to maintain both an NRC license and a Minnesota license. We therefore request that our existing NRC license be amended to remove authorization for use of material in Minnesota, and that the NRC issue us a new license for work activities in Minnesota only. We understand that these licensing actions will become effective on the date the Agreement is signed by the NRC and the State of Minnesota, and that our new license will then be transferred to Minnesota. We further understand that we will be assessed annual fees to maintain the NRC license.
- ☐ We have reviewed our current license and no longer find it necessary for authorization to conduct licensed activities in NRC-regulated states, and therefore request that our existing NRC license be amended to authorize the use of material only in the State of Minnesota. We request that this be effective on the date the Agreement between the NRC and State of Minnesota is signed. We understand that upon the effective date of the Agreement between the NRC and State of Minnesota, we will be licensed by Minnesota to conduct work at temporary job sites in the State and as such, must file a NRC Form 241 (reciprocity) prior to performing any work in NRC jurisdiction (non-Agreement States) or in areas of Exclusive Federal Jurisdiction within an Agreement State.

Date: 2/16/06

Fred Slunecka, Regional President  
Name (please print or type) and Title of Authorized Company Representative

[Signature]  
Signature of Authorized Company Representative

REC'D FEB 17 2006