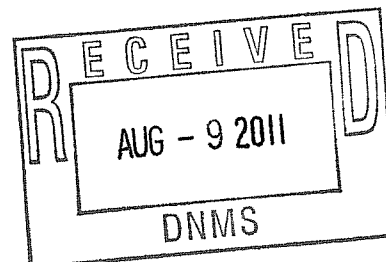


St John's

August 8, 2011

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064
Fax: 817-860-8263

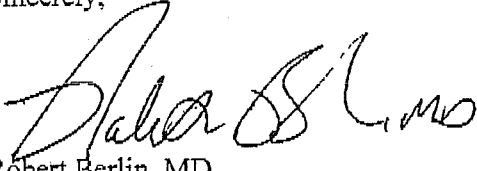
**RE: Amendment of License #49-18276-01**

Dear Colleen Murnahan:

Please remove Robert Berlin, MD as the Radiation Safety Officer for our license and replace with E. Jefferson Fairbanks, PhD as Radiation Safety Officer. Dr. Fairbanks is listed as Radiation Safety Officer on NRC License #11-27312-01.

Please contact Michelle Kren, Director of Radiology at 307-739-7295 if you need anything else on this matter.

Sincerely,


Robert Berlin, MD
Radiation Safety Officer

8/18/11

DATE

This is to acknowledge the receipt of your letter/application dated 8/18/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 575779.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Carol L. Hice

Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 16
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TETON COUNTY HOSPITAL DISTRICT
Received Date: 08/10/2011
Docket Number: 3014770
Mail Control Number: 575779
License Number: 49-18276-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____