



450 East Main, P.O. Box 310  
Rexburg, Idaho 83440-0310  
(208) 356-3691

30 January 2012

Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-8064

**SUBJECT: Authorized User amendment**

License number: 11-27258-01

Madison Memorial Hospital

450 E. Main St.

Rexburg, Id. 83440

Madison Memorial Hospital is contracting services with a new radiology group and we would like to add the following users to our license:

The following physician is listed on existing NRC license # 11-27089-01:

DIRK BIGLER D.O.                      35.100; 35.200; 35.300 oral administration of sodium iodide I-131

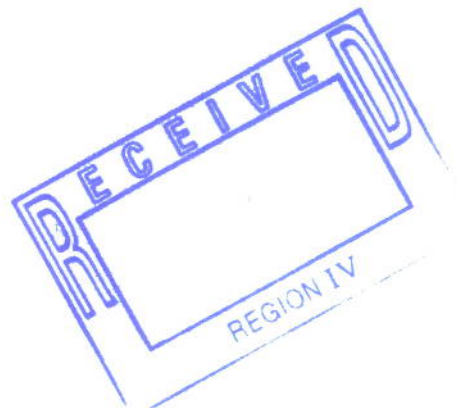
The following physicians are listed on existing NRC license # 11-27404-01:

James Neeley, M.D.	35.100 and 35.200
Alan Wray, M.D.	35.100 and 35.200
James P. Edlin, M.D.	35.100 and 35.200
John J. Strobel, M.D.	35.100 and 35.200
James B. Harris, M.D.	35.100 and 35.200
James, F. Schmutz, M.D.	35.100 and 35.200
Michael C. Biddulph, M.D.	35.100 and 35.200
David R. Warden, M.D.	35.100 and 35.200
Steven D. Smith, M.D.	35.100 and 35.200

Thank you,

Bruce Dye, R.T.

Director of Radiology

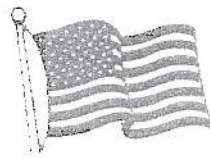


576846



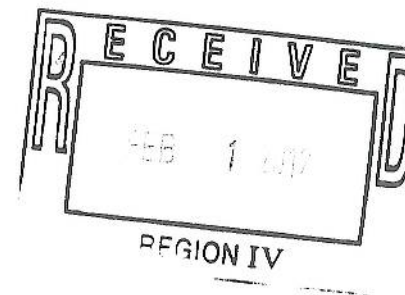
450 East Main, P.O. Box 310  
Rexburg, Idaho 83440-0310

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Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-8064



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DATE

2/7/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Madison Memorial Hospital  
ATTN: 450 East Main Street  
P.O. Box 310  
Rexburg, ID 83440-0310

LICENSE NUMBER

11-27358-01

MAIL CONTROL NUMBER

576846

LICENSING AND/OR TECHNICAL REVIEWER

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 01/30/2012

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

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: 02/28/2013  
Fee Comments:  
Decom Fin Assur Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: MADISON MEMORIAL HOSPITAL  
Received Date: 02/01/2012  
Docket Number: 3032299  
Mail Control Number: 576846  
License Number: 11-27358-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: Colleen Murnahan

Date: 2-3-2012

### 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: \_\_\_\_\_