



CONVERSATION RECORD

DATE OF SIGNATURE

04/29/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Chuck Baker, COO

DATE OF CONTACT

04/29/2015

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

cbaker@fultonmed.com

TELEPHONE NUMBER

(573) 592-6523

ORGANIZATION

Callaway Community Hospital

DOCKET NUMBER(S)

030-36912

LICENSE NUMBER(S)

24-32566-01

CONTROL NUMBER(S)

586397

SUBJECT

Our review of your request for change of control dated March 25, 2015

SUMMARY

We have reviewed your request for a change of control and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The letter can either be faxed to 630-515-1078 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.

As discussed, we expect to receive your written response on or before May 15, 2015.

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ACTION REQUIRED (IF ANY)

SUMMARY and ACTION REQUIRED

The NRC has received your change of control request. We need the following additional information:

1) Please reviewer Appendix D and F of NUREG-1556 Volume 15 which can be found here: <http://pbadupws.nrc.gov/docs/ML0037/ML003778305.pdf>. Address in your cover letter what type of change of control occurred at Callaway Community Hospital as discussed in Appendix D. In the cover letter, provide a response to each of the 6 questions in Appendix F.

2). Is the new name "Fulton Medical Center LLC d.b.a. Callaway Community Hospital"? Please state in the cover letter if this is indeed a name change.

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NAME OF PERSON DOCUMENTING CONVERSATION

Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE