

NOV 1 1984

St. Anthony Medical Center
Main & Franciscan Road
Crown Point, IN 46307

License No. 13-15933-01
Control No. 77675

SUBJECT: LICENSE RENEWAL APPLICATION

Gentlemen:

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.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed
Patricia M. Vacherlon
Material Licensing Section
Region III

8507150235 850621
REG3 LIC30
13-15933-01 PDR

RIII

Vacherlon/as
10/29/84