

FEB 22 1985

Clarinda Municipal Hospital
ATTN: Richard Hamilton
Administrator
17th and Wells
Clarinda, IA 51632

License No. 14-18869-01
Control No. 78156

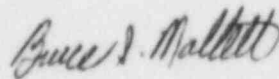
SUBJECT: LICENSE RENEWAL APPLICATION

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,



Material Licensing Section
Region III

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REG3 LIC30
14-18869-01 PDR

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