

030-20335

L 10994

## EXHIBIT A

JAN 15 1985

NRC Form 3137 1b CFR 35		U.S. NUCLEAR REGULATORY COMMISSION		Approved by OMB 3180-0081 Exempt 1-21-85	
APPLICATION FOR MATERIALS LICENSE - TELETHERAPY					
<b>INSTRUCTIONS</b> - Complete items 1 through 22 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 22 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20, 21, and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in item 22 and the appropriate fee enclosed.					
<b>1. NAME AND MAILING ADDRESS OF APPLICANT (Include street, city, state, zip code)</b> Radiology Department Bozeman Deaconess Hospital 15 West Lamme Bozeman, Montana 59715			<b>1b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a., include zip code)</b> 22 West Beal Bozeman, Montana 59715		
<b>2. PERSON TO CONTACT REGARDING THIS APPLICATION</b> Radiology Department Dail F. Lodge, M.D. 406-586-9536			<b>3. THIS IS AN APPLICATION FOR (Check appropriate item):</b> <input type="checkbox"/> a. NEW LICENSE <input checked="" type="checkbox"/> b. AMENDMENT TO LICENSE NO. 25-14896-01 <input type="checkbox"/> c. RENEWAL OF LICENSE NO.		
<b>4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplemental A and B for each individual.)</b> Dail F. Lodge, M.D. Verner Albertsen, M.D.			<b>5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience in Supplement A.)</b> Dail F. Lodge, M.D. (Radiology)		
<b>6. SEALED SOURCES TO BE USED IN TELETHERAPY UNITS (Attach Supplemental pages if necessary)</b>					
BYPRODUCT MATERIAL (Element and Mass No.)		NAME OF SOURCE MANUFACTURER		SOURCE MODEL NUMBER	
Cobalt 60		Neutron Prod.		P3800A	
MAXIMUM ACTIVITY PER SOURCE		NUMBER OF SOURCES			
6,000 Curies		(1) One			
<b>7. TELETHERAPY UNITS (Attach Supplemental pages if necessary)</b>					
NAME OF MANUFACTURER (Include description of model or type of device)			MODEL NUMBER		
A. Picker International			Zonegard V4M60 (6235)		
B. Date... 1/23/85			Bozeman Deaconess		
C. Jan 4 IV			Applicant... 39397		
By... Brown			Check No. 230/7A		
Dile To... 1/25/85			Amount/Fee Category		
Acct. Cont. 1/25/85			Type of Fee Amendment		
			Date Check Rec'd 1/23/85		
			Received By... Brown		
<b>8. PERSONNEL MONITORING DEVICES</b>					
TYPE (Check and/or complete as appropriate)		SUPPLIER (Service Company)		EXCHANGE FREQUENCY	
1) FILM BADGE - WHOLE BODY		Landauer, Glenwood, Ill		Monthly	
2) THERMOLUMINESCENCE DOSIMETER (TLD) - WHOLE BODY					
3) OTHER (Specify)					

# EXHIBIT A (Continued)

INFORMATION REQUIRED FOR ITEMS 10 THROUGH 21	
<p>For Items 10 through 21, check the appropriate boxes and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the teletherapy licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10 Rev. _____ Date _____</p>	
10. MEDICAL ISOTOPE COMMITTEE	15. BEAM STOPS
Names and specialties attached, and (check one):	<input checked="" type="checkbox"/> Description of stops used to restrict beam orientation attached.
<input checked="" type="checkbox"/> a. Duties as in Appendix A, or	16. SHIELDING EVALUATION
b. Equivalent duties attached.	Evaluation of proposed shielding attached.
11. TRAINING AND EXPERIENCE	17. OPERATING AND EMERGENCY PROCEDURES
a. Supplements A & B attached for each individual user, and	a. Description of operating procedures attached, and
<input checked="" type="checkbox"/> b. Supplement X attached for RSO	b. Copy of emergency procedures attached.
12. INSTRUMENTATION (check one)	18. INSTRUCTION OF PERSONNEL (check one)
<input checked="" type="checkbox"/> a. Appendix C form attached, or	<input checked="" type="checkbox"/> a. Training program and schedule in Appendix H, followed, or
b. List manufacturer's name and model number	b. Description of instruction program for employees attached.
13. CALIBRATION OF INSTRUMENTS (check one)	19. LEAK TESTS OF SEALED SOURCES
<input checked="" type="checkbox"/> a. Appendix D, Part 2 procedures followed for instrumentation calibration, or	<input checked="" type="checkbox"/> Description of leak test procedures attached.
b. Description of sources, calibration frequency and equivalent procedures attached.	20. QUALIFIED EXPERT (Use only if the individual fails to meet 10 CFR 25.24 requirements)
14. FACILITIES AND EQUIPMENT	<input checked="" type="checkbox"/> Statement of qualifications of the expert who will perform teletherapy calibrations attached. <b>You have</b>
<input checked="" type="checkbox"/> a. Description and drawing of facilities attached, and	21. ALARA PROGRAM (check one)
<input checked="" type="checkbox"/> b. Description of patient viewing and communicating systems attached, and	<input checked="" type="checkbox"/> ALARA Program as in Appendix I, or
<input checked="" type="checkbox"/> c. Description of area safeguards attached.	Equivalent ALARA program attached.
22. CERTIFICATE (This item must be completed by the applicant)	
<p>The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.</p>	
a. LICENSE FEE REQUIRED (See section 170.21, 10 CFR 170)	b. APPLICANT OR CERTIFYING OFFICIAL (Signature)
<b>\$230.00</b>	11 NAME (Type or print) Carlyle Lucas R.T.
11. LICENSE FEE CATEGORY	12. TITLE Director (Chief Technologist)
12. LICENSE FEE ENCLOSED	c. DATE
<b>\$230.00</b> <b>CH 39397</b>	10 Jan 85
<p>WARNING: 18 U.S.C. Section 1001; Act of June 25, 1948; 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.</p>	

For EXHIBIT A

COBALT-60 TELETHERAPY SOURCE INSTALLATION, CALIBRATIONS AND SURVEY

- 1.) Bozeman Deaconess Hospital  
15 W. Lamme  
Bozeman, Montana 59715  
License Number 25-14896-01
- 2.) Thomas A. Cherewick, M.S. Medical Physicist  
Northern Rockies Regional Cancer Treatment Center  
Billings, Montana 59101
- 3.) Unit: Picker V4M/60 serial number 224  
Source: Neutron Products model number NPI -20-3000
- 4.) Date of source installation was November 5, 1981
- 5.) Date of survey was November 6, 1981
- 6.) For head survey: Searle Texas Nuclear Corporation Exposure Rate Meter  
Model 2592 with Model 2593 chamber used. Date of last calibration was  
August 24, 1981 using Radium-226. See enclosed calibration sheet.

For beam output: Keithley model 616 integrating rate electrometer  
serial number 56442A with 6169 interface with a cable connected  
chamber of 0.6 cc volume model 30-351, serial number 026. The  
calibration was 5.440 R/nC at cobalt-60 energy on May 9, 1980 at  
the RCL Victoreen in Cleveland, Ohio.

- 7.) Source contained 3000 Ci as of November 15, 1981 (at the approximate  
time of installation.)
- 8.) For a 10 cm x 10 cm field at 70 cm SSD (normal treatment distance)  
the primary beam exposure rate is 104.54 R/Minute on November 6, 1981.
- 9.) See attached sheet.

(Source in "OFF" position.  
Measurements taken one meter  
from source)

Top View - Showing orientation  
of Views A through D

Position No.	Radiation Level (mR/hr)
View A 1	4.6
2	1.2
3	1.0
4	1.2

View B 5	2.7
6	1.5
7	2.4
8	2.2

View C 9	1.0
10	1.5

View D 11	1.6
12	2.0
13	1.5
14	2.3

Average value 1.9

Maximum value 4.6

Instrument used SEE #6

RHIT 3000

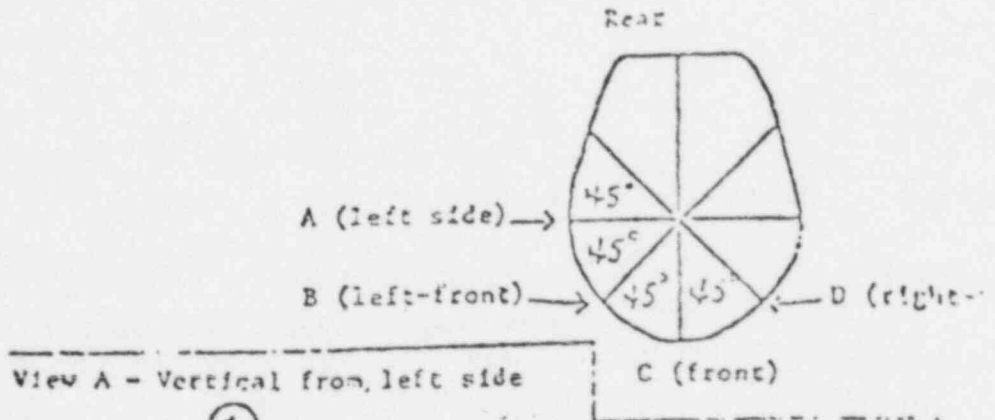
Curies 3000 Ci.

&

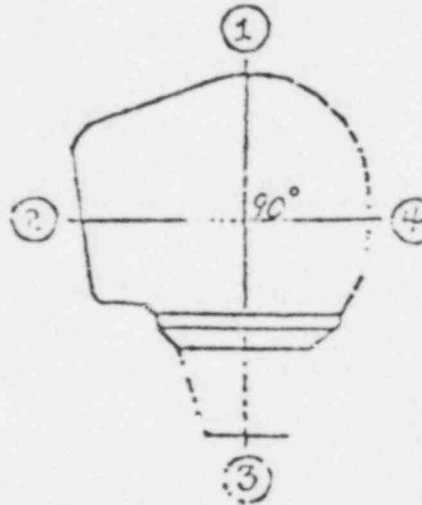
Date 11-15-81

Manufacturer's  
name & model #  
of teletherapy  
unit PICKER

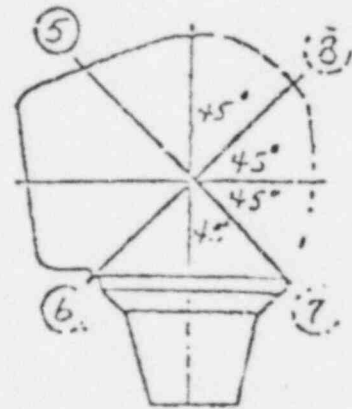
V4M/60



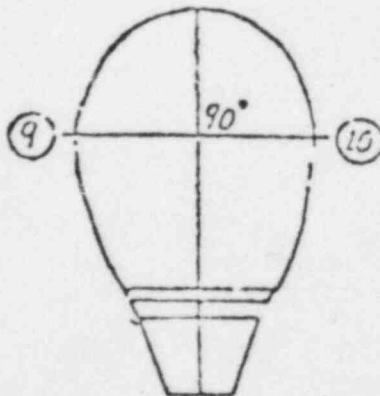
View A - Vertical from, left side



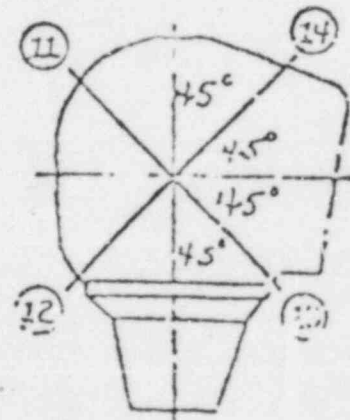
View B - Vertical from left-front



View C - Vertical from front



View D - Vertical from right-front

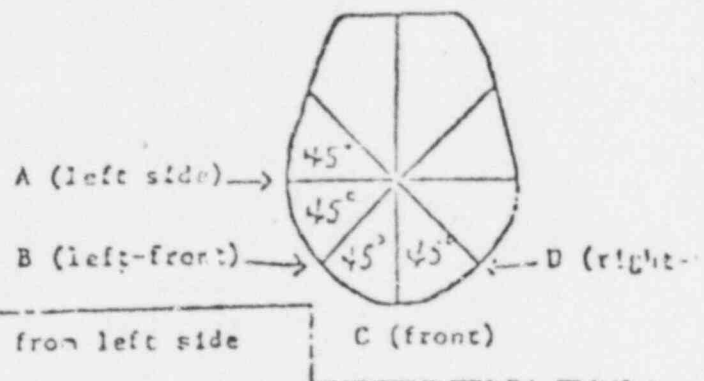


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(Source in "OFF" position.  
Measurements taken one meter  
from source)

Top View - Showing orientation  
of Views A through D

Rear



Position No.	Radiation Level (mR/hr)
View A 1	1.0
2	1.2
3	1.5
4	1.2

View B 5	2.7
6	1.5
7	2.7
8	2.2

View C 9	4.6
10	1.0

View D 11	1.6
12	2.0
13	1.5
14	2.3

Average value 1.9

Maximum value 4.6

Instrument used SEE #6

RHIT 3000

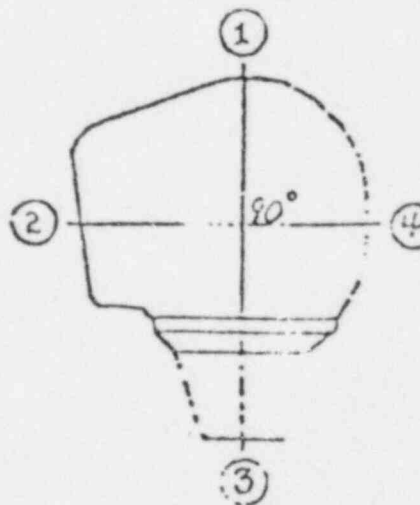
Curies 300000

6

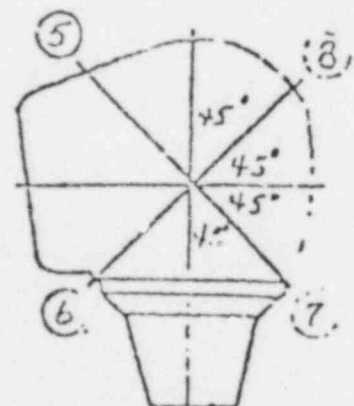
Date 11-15-81

Manufacturer's  
name & model #  
of teletherapy  
unit PICKER

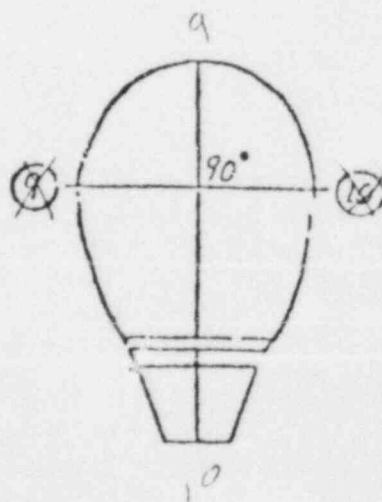
6/9/60



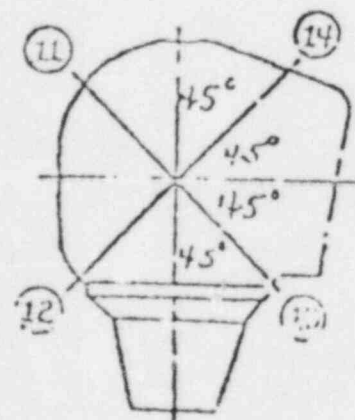
View B - Vertical from left-front



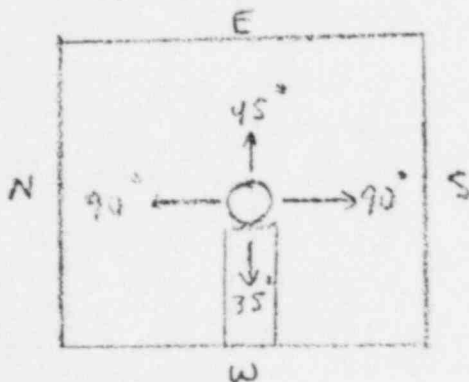
View C - Vertical from front



View D - Vertical from right-front



10.) All angles measured from vertical downward



11.) Not applicable

12.) Maximum radiation levels:

above unit: background; beam vertically downward

below unit: not accessible; earth

West wall of unit with beam directed to floor: background

South wall with beam directed to south wall: background

North wall with beam directed to north wall: background

East wall with beam directed 45 degrees to east wall: background

In control room with beam angled 45 degrees to south and 45 degrees to the east from vertically downward: background.

13.) Door interlocks: the door into the room is provided with electrical switches which shut the beam "OFF" whenever the door is opened. Restart sequence must be used to restart beam after door closure.

Indicator lights: the control panel, the door, and the machine carried red indicator lights which indicated when the source is not "OFF". When beam "ON" and red lights come on. When beam is "OFF" the red lights are off.

Beam stops: microswitches limit beam "ON" to orientations described in number 10 above.

Timing device: a timer is provided which accurately controls the irradiation time. Minimum scale division is one second. There is zero timer error in five minutes.

#### SUMMARY AND CONCLUSIONS:

This machine meets all current requirements with respect to head leakage, interlocks, timer control, etc., and has just received the required 5 year inspection and repair as required. Its operation produces exposures well below the MPD. This facility meets the conditions of its license.

Sincerely,

*Thomas A. Cherewick* 16.5  
Thomas A. Cherewick, M.S.

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## RADIOLOGY DEPARTMENT OF BOZEMAN DEACONESS HOSPITAL

## EMERGENCY PROCEDURE OF COBALT UNIT V4M60

1. Normally when power fails, the shutter will automatically shut and the treatment timer will stop.
2. The technician should first determine if the shutter has closed by looking at "Primalert 10", which is designed to continue working for sometime after the power is off.
3. Assuming the shutter has closed, and the "Primalert 10" is not flashing, the technician should determine what treatment time was used up and record said time in patients chart.
4. If all of the above indicate that the shutter has not closed, the technician should procede to remove the patient from under the cobalt unit in as short time as possible.
5. Close door and post warning sign and lock door and notify Safety Radiation Officer.

Radiation Safety Officer: Dail F. Lodge, M.D.  
Phone No.: On Duty 586-6246 Off Duty 586-9536

Radiation Therapist: Charles A. Kirkpatrick, M.D.  
Phone No.: On Duty 586-6246 Off Duty 586-9559

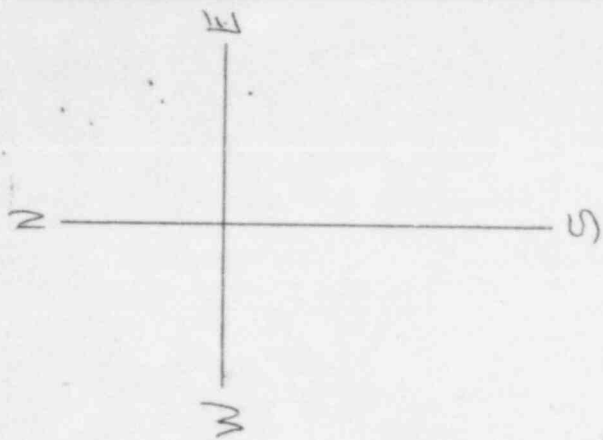
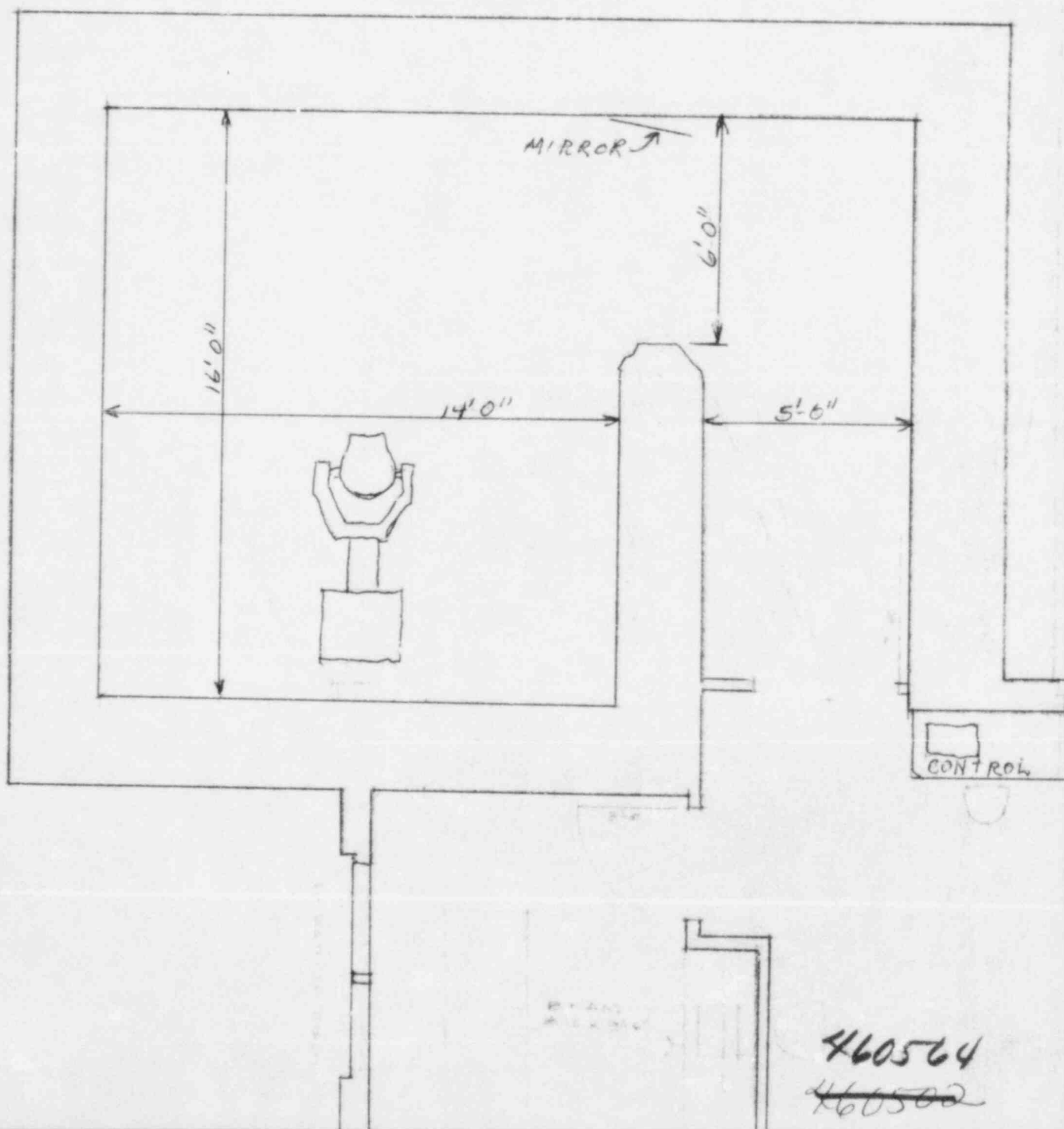


EXHIBIT A  
14-A  
14-B



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APPENDIX C  
INSTRUMENTATION

1. Survey meters

- a. Manufacturer's name: OCDM Item No. CD V-700 Model 6B  
Manufacturer's model number: Model 6-B  
Number of instruments available: 2  
Minimum range: 0.1 MR/Hr mr/hr to 50 mr/hr  
Maximum range: \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr
- b. Manufacturer's name: Keithly  
Manufacturer's model number: 616  
Number of instruments available: 1  
Ranges: 5.440 R/nc @ Cobalt 60  
Minimum range: \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr  
Maximum range: \_\_\_\_\_ mr/hr to \_\_\_\_\_ mr/hr

2. Beam-on Monitor

Manufacturer's name: Victoreen Prim-Alert  
Manufacturer's model number: 10  
Number of instruments available: 1  
Backup Battery Power Supply: Yes X No \_\_\_\_\_

3. Dosimetry System

a. Electrometer

Manufacturer's name: ~~Nuclear Enterprises~~ Keithley Digital Dosimeter  
Manufacturer's model number: ~~2581~~ 35614

b. Probes

Manufacturer's name: Nuclear Enterprises LTD  
Manufacturer's model number: 2581  
Number of probes: 1  
Ranges: 100 KVP to 65 in Air

4. Other (use additional pages)

## EXHIBIT B

NRC Form 313T Supplement A (9-81) 10 CFR 35		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER			
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (if physician)	
Dail F. Lodge, M.D.		Montana	
3. CERTIFICATION			
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED	
Radiology	General	June, 1972	
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)			
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (hours)	FORMAL SUPERVISED OUT-LABORATORY EXPERIENCE (hours)
RADIATION PHYSICS AND INSTRUMENTATION	Throughout Residency Program		
RADIATION PROTECTION	Same		
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	Same		
RADIATION BIOLOGY	Same		
5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)			
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE
Co <sup>60</sup>		Loma Linda University Medical Center	One Yr. of the Radiology Residency Program
			Co <sup>60</sup> teletherapy
*Experience with sealed radioactive sources under the supervision of qualified instructors should include:			
1. Review of model source calibration and periodic spot check measurements to determine activity.		4. Preparation of treatment plans and treatment times for teletherapy and brachytherapy.	
2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes.		5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources.	
3. Calibration of ion chambers and survey meters.			
6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. Signature of program supervisor:			
TYPED OR PRINTED NAME		DATE	
NAME OF INSTITUTION			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	RADIOACTIVE MATERIALS LICENSE NUMBER
WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 746 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.			

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# *Loma Linda University*

LOMA LINDA UNIVERSITY MEDICAL CENTER  
AND AFFILIATED HOSPITALS

THIS CERTIFICATE MAKES KNOWN THAT

**DAIL FORREST LODGE, M.D.**

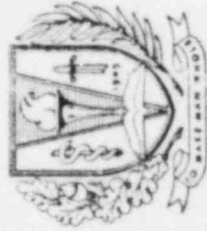
HAS SERVED SATISFACTORILY AS A RESIDENT PHYSICIAN IN

**RADIOLOGY**

THIRTY-SIX MONTHS ENDING JUNE 30, 1971

LOMA LINDA, CALIFORNIA

*Victor W. Way*  
ADMINISTRATOR



*David B. Linsley*  
CHIEF OF STAFF

*Malvin R. Lusk*  
CHIEF SERVICE

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1250974

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America  
and the Section on Radiology of the American Medical Association  
Hereby certifies that

**Dail Forrest Lodge, M.D.**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this ninth day of June, 1972

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Radiology**

*John Fane Ruel*  
President

*C. Allen Good*  
Secretary



## MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

## A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input checked="" type="checkbox"/> <del>OLD</del>	DOCKET NUMBER	MAIL CONTROL NUMBER	CHANGE NAME/ADDRESS ("X" box)
1 <input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT	4	030-07507	460502	<input checked="" type="checkbox"/> XX

## B. INDICATIVE INFORMATION

INDIVIDUAL LICENSEES	NAME (Last, First, Middle)	NAME (Last, First, Middle)
	NAME (Last, First, Middle)	NAME (Last, First, Middle)
	NAME (Last, First, Middle)	NAME (Last, First, Middle)
ORGANIZATION	ORGANIZATION NAME (Alphabetical Sequence) <i>Integrity Radiological Lab, Inc.</i> <i>Bozeman Deaconess Hosp.</i>	
LICENSEES	DEPARTMENT OR BUREAU <i>Radiology Dept.</i>	
ADDRESS	BUILDING STREET <i>15 W. Lamme</i>	CITY STATE ZIP CODE <i>Bozeman MT 59715</i>
6	TYPE OF APPLICANT <i>333</i>	U.S. GOVERNMENT AGENCY INDIVIDUAL LICENSEE ORGANIZATIONAL LICENSEE
	DATE REQUEST RECEIVED <i>01/15/85</i>	INSTITUTION CODE <i>14896</i>
7	SECONDARY PROGRAM CODES (As required)	
	<i>See to be terminated No action</i>	
7	LICENSE NUMBER <i>25-14896-01</i>	DATE LICENSE ISSUED OR ACTION COMPLETED <i>3/11/85</i>
	EXPIRATION DATE <i>Indefinite</i>	

## C. STATISTICAL INFORMATION

MEDICAL CATEGORY:	FOR HUMAN USE ONLY	FOR HUMAN AND NONHUMAN USE	FOR NONHUMAN USE ONLY	
POSSESSION OF THE MATERIAL IS AUTHORIZED IN ONE OF THE FOLLOWING AREAS				
AND/OR IN THE STATE(S), TERRITORY(IES), COUNTRY CHECKED (At right)	SAME AS "STATE" IN ADDRESS		ALL STATES	ALL NON-AGREEMENT STATES
	AL ALABAMA	GA GEORGIA	MD MARYLAND	NY NEW JERSEY
	AK ALASKA	HI HAWAII	MA MASSACHUSETTS	NM NEW MEXICO
	AZ ARIZONA	ID IDAHO	MI MICHIGAN	NY NEW YORK
	AR ARKANSAS	IL ILLINOIS	MN MINNESOTA	NC NORTH CAROLINA
	CA CALIFORNIA	IN INDIANA	MS MISSISSIPPI	ND NORTH DAKOTA
	CO COLORADO	IA IOWA	MO MISSOURI	OH OHIO
	CT CONNECTICUT	KS KANSAS	MT MONTANA	OK OKLAHOMA
	DE DELAWARE	KY KENTUCKY	NE NEBRASKA	OR OREGON
	DC WASHINGTON DC	LA LOUISIANA	NV NEVADA	PA PENNSYLVANIA
	FL FLORIDA	ME MAINE	NH NEW HAMPSHIRE	RI RHODE ISLAND
				WI WISCONSIN

## D. POSSESSION LIMITS OF SOURCE AND SPECIAL NUCLEAR MATERIALS AND TRITIUM

SOURCE MATERIAL CEILING	G GRAMS Kg KILOGRAMS	SOURCE CEILING	G GRAMS Kg KILOGRAMS	IF FOR POWER REACTOR ("X" here)					
*MATERIAL	AMOUNT	UNIT	CONFIG	ENRICH	*MATERIAL	AMOUNT	UNIT	CONFIG	ENRICH
U5 - U235		G S			U5 - U235		G S		
		Kg UNS					Kg UNS		
U3 - U233		G S			U3 - U233		G S		
		Kg UNS					Kg UNS		
Pu-Plutonium		G S			Pu-Plutonium		G S		
		Kg UNS					Kg UNS		
UR-Uranium		G S			UR-Uranium		G S		
		Kg UNS					Kg UNS		
TH-Thorium		G S			TH-Thorium		G S		
		Kg UNS					Kg UNS		
		G S					G S		
		Kg UNS					Kg UNS		
		G S					G S		
		Kg UNS					Kg UNS		
H3-Tritium		CURIES			H3-Tritium		CURIES		
		MILLCURIES					MILLCURIES		
		MICROCURIES					MICROCURIES		

\* Use two digit codes

S SEALED.

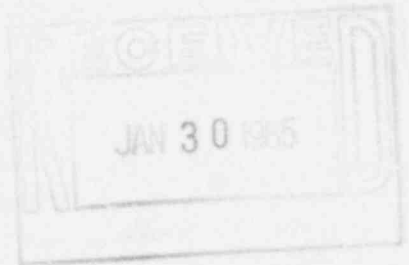
UNS-UNSEALED.



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TEXAS 76011

BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

R. J. Everett, Chief  
Material Radiation Protection Section, TP3,  
DV&TP, RIV



LICENSEE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

*Bozeman Deaconess Hosp*

*January 10, 1985*

*460502*

*25-14896-01 (030-0750)*

2. FEE ATTACHED

Amount:

Check No.:

*\$230-*

*39397*

3. COMMENTS

Signed

Date

*Laura Hurley*  
*January 16, 1985*

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

2. Correct Fee Paid. Application may be processed for:

Amendment ☒

Renewal ☐

License ☐

Signed

Date

*Frances Brown*

*1/24/85*

*7A #230*

*fee applied  
to 460564  
Bozeman Deaconess  
new license*

*10/31/87  
7A*