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St. Joseph Hospital
ATTN: Hospital Administrator
128 Strawberry Hill Avenue
Stamford, CT 06904

License No. 06-06922-02

Control No. 97444

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,

License Management Branch
Leo Wade, Jr., P.M.D.
Division of Fuel Cycle and
Material Safety

LWade

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"OFFICIAL RECORD COPY"

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