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Radford Community Hospital

An Affiliate of CARILION Health System

May 13, 1996

Mr. Charles Hosey
U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, N.W., Suite 2900
Atlanta, GA 30323-0199

Attention: Materials Licensing/Inspection Branch

RE: U.S. NRC RAM License 45-07950-01, Condition No. 1

SUBJECT: Notification of Application (facility) Name Change

Dear Mr. Hosey:

We, Radford Community Hospital, are writing to officially inform your office of our facility's name change as listed on U.S. NRC RAM License 45-07950-01 to Carilion Radford Community Hospital which took effect July 1, 1996. Please amend our license to reflect this change. No change in ownership occurred and all constraints, conditions, requirements, representations, and commitments of the existing license remain as is and in tact.

Enclosed is a check for the admendment fee of $430.00.

Thank you. If you have any questions regarding this letter or require additional information, feel free to contact Steve Williams, Manager, Imaging Services, (540) 731-2099.

Sincerely,

Virginia Ousley

Virginia Ousley
Hospital Director

sjw

25142

NRC FORM 577 (1-95)

U.S. NUCLEAR REGULATORY COMMISSION

# LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

RADFORD COMMUNITY HOSPITAL
ATTN: VIRGINIA OUSLEY
HOSPITAL DIRECTOR
700 RANDOLPH STREET
RADFORD, VA 24141-2430

**TYPE OF ACTION**

- [ ] NEW LICENSE
- [ ] RENEWAL OF LICENSE
- [x] AMENDMENT TO LICENSE

REQUESTED DATE: 5-13-96

LICENSE NUMBER: 45-07950-01

CONTROL NUMBER: 297142 ATTN: RITA MESSIER, LFARB, T9E10

## I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

| FEE CATEGORY | APPLICATION | RENEWAL | AMENDMENT |
|---|---|---|---|
| 7C | $ | $ | $ 440.00 |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |

| | |
|---|---|
| FEE(s) DUE | $ 440.00 |
| PAYMENT RECEIVED | $ 430.00 |
| AMOUNT DUE | $ 10.00 |

- [ ] Your request was received without the prescribed application fee.
- [x] We received your Check No. 598431 in the amount of $ 430.00. Payment of the additional fee noted above is required.
- [ ] Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).
- [ ] Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

## II. FEE NOT REQUIRED

- [ ] Enclosed is Check No. _____ which accompanied your request. The fee is not required because:
  - [ ] We received your Check No. _____ in payment of the fee.
  - [ ] The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.
  - [ ] Your request was combined, prior to review, with your _____ request, Control No. _____.

## III. CHECK RETURNED

- [ ] Enclosed is Check No. _____ which was returned to us by the bank for:
  - [ ] INSUFFICIENT FUNDS
  - [ ] ACCOUNT CLOSED
  - [ ] OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

## IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- [ ] License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.
- [ ] The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- [ ] Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

| SIGNATURE – LICENSE FEE ANALYST | LFDCB | LFDCB |
|---|---|---|
| RITA MESSIER | REMessier | |
| | 8/8/96 | |

Distribution: OC/DAF RF
Pending Fee File OC/DAF/SF(LF-3.2.7)
LFARB R/F (2) Region — II

DATE: 8-8-96

NRC FORM 577 (1-95)

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