ACCEPTANCE REVIEW MEMO

Licensee: Rasmu	sen/Kenner				
License No.:	11-27662-01	Docket No.:	030-35356		
Mail Control No.:	470857				
Type of Action:	Notification	Notification Date of Requested A			
Reviewer Assigned:	02-16-0	06			
Reviewer(s) Who Performed Review:	Gaines				

Response Received		Deficiencies Noted During Acceptance Review
	1.	
	2.	
	3.	
	4.	

Reviewer's Initials: ____

Date: _____

Date:

Branch Chief's and/or SR. HP's Initials: _____

 \Box Yes \Box No Action - decommissioning notification should be issued within 30 days.

 \Box Yes \Box No Termination request < 90 days from date of expiration

Action to be expedited _____Medical emergency _____Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) _____National Security Other (______)

Branch Chief's and/or Sr. HP's Initials: _____ Date: _____

	SISP Review
⊡Yes ⊠́(No	 Non-Publicly Available, Sensitive if any item below is checked Radionuclides, forms, and quantities Location of RAM Building drawings with locations of RAM Security of RAM (locks, alarms, etc.) SS&D Catalog information Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) Safeguards Information
Branch Chief's	and/or Sr. HP's Initials: ADG Date: $2/16/06$



Dr. Charles Rasmussen/Dr. Michael Kenner 520 South Eagle Road Suite 2205 Meridian ID 83642 (208) 884-8884

January 27, 2006

Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011-8064

Dear Nuclear Regulatory Commission:

Subject: Regarding license # 11-27662-01

Please remove Dr. Scott R. Hiatt, D.O. as an authorized user on our license. He is no longer associated with this business/license.

Respectfully,

WALV. J-

Michael D. Kenner, M.D. Radiation Safety Officer

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This is to acknowledge the receipt of your letter/application dated $\underline{c_1 \cdot 22 \cdot c_6}$, and to inform you that the initial processing,

which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within _____ days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470857. When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

NRC FORM 532 (RIV) (9-2003)

Licensing Assistant

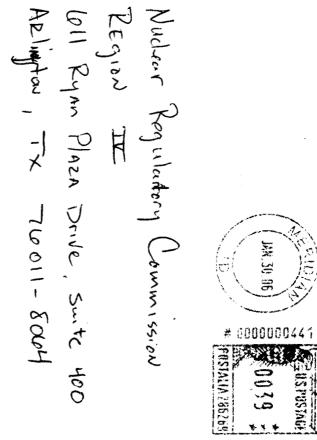
Signed Date	3. OTHER	2. Correct Fee Paid. Application may be processed for: Amendment Renewal License	1. Fee Category and Amount:	B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /	Signed College Juinchan	3. COMMENTS	2. FEE ATTACHED Amount: Check No.:	1. APPLICATION ATTACHED Applicant/Licensee: DR CHARLES RASMUSSEN/ Received Date: 20060208 Docket No:: 3035356 Control No.: 470857 Action Type: Notifications	A. REGION	LICENSE FEE TRANSMITTAL	BETWEEN: License Fee Management Branch, ARM Regional Licensing Sections Regional Licensing Sections Between the status code: 02201 Fee Category: 7C Exp. Date: 20100531 Fee Comments: Decom Fin Assur Reqd: N Information Lines
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