



Wilcox Memorial Hospital

3-3420 Kuhio Hwy. • Lihue, HI 96766-1099

(808) 245-1100 • wilcoxhealth.org

DEC 18 2007

December 14, 2007

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

Subject: Notification
NRC License No. 53-15737-01
Docket No. 030-09666

Dear License Reviewer:

The address of our facility was recently changed to:

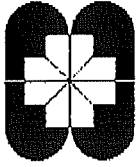
Wilcox Memorial Hospital
3-3420 Kuhio Highway
Lihue, HI 96766-1099

Please update our license to reflect this change. The physical location of our facility has not been changed.

We are requesting that this change be expedited, due to problems with receiving deliveries from our suppliers. If you require any additional information, please contact our consultant, Ronald Frick at 808-373-7009.

Sincerely,

Kathy Clark
President and CEO



Wilcox Memorial Hospital

An affiliate of Hawaii Pacific Health

DEC 18 2007

FACSIMILE TRANSMISSION COVER SHEET

TO: US Nuclear Regulatory Commission **DATE:** 12-17-2007

PHONE NO.: _____

FAX NO.: 817-860-8263

ATTN: _____

FROM: Kathy Clark/Kari

PHONE NO.: (808) 245-1103

WILCOX MEMORIAL HOSPITAL
3-3420 Kuhio Highway
Lihue, HI 96766-1099

FAX NO.: (808) 245-1171

RE:

REMARKS:

EXPEDITED REVIEW REQUESTED.

CC: _____

TOTAL PAGES TRANSMITTED: 2
(Includes this cover sheet)

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IF TRANSMISSION IS NOT COMPLETE OR LEGIBLE, PLEASE CALL (808) 245-1103 IMMEDIATELY.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150831
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED WILLCOX MEMORIAL HOSPITAL
Applicant/Licensee: 20071218
Received Date: 3009666
Docket No.: 471602
Control No.: 53-15737-01
License No.: Amendment
Action Type:

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *William Mumbauer*
Date 12-19-07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____