

109 South Petro Avenue Sioux Falls, SD 57107 Phone: 605.330.9060 Toll Free: 800.437.4628 Fax: 877.595.8108

www.DMSHealthTechnologies.com

December 8, 2008

U.S. Nuclear Regulatory Commission Region IV 612 E. Lamar Blvd, Suite 400 Arlington, TX 76011-4125

RE: RAM license number 40-32477-01

Dear Regulator:

This is to announce that DMS Imaging, Inc. has changed its name to **DMS Health Technologies**. DMS is not having a "transfer of control", nor a change in executive management, but is changing its name for marketing purposes only.

Please accept this letter as an official name change only from DMS Imaging, Inc. to DMS Health Technologies.

If you have further questions regarding this change, please feel free to contact me at 605-357-2604 or my cell phone 605-366-3358.

Thank you for your time and have a great day.

Sincerely,

Mary Hennings-Frank, B.S., CNMT Corporate Radiation Safety Officer

**DMS Health Technologies** 

ACCEPTANCE REVIEW MEMO (ARM)					
Licensee:	DMS Imaging, Inc.	License No.: 40-32477-01			
Docket No.:	030-36404	Mail Control No.: 472079			
Type of Actio	on: Amend	Date of Requested Action: 12-08-2008			
Reviewer Assigned:		ARM reviewer(s): R. Browder			
Response	Deficiencies N	oted During Acceptance Review			
	[ ] Submit copies of latest leal	, add SUNSI markings to license.			
	hotter is Equivalent	to information on App. F. BB			
Reviewer's Ir	nitials:	Date:			
☐Yes ☐No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.					
□Yes □No	Termination request < 90 d	ays from date of expiration			
□Yes □No	No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)				
□Yes □No	□Yes □No TAR needed to complete action.				
Branch Chief's and/or HP's Initials: Date:					
	SUNSI Screening ac	ccording to RIS 2005-31			
□Yes ☑No		ly Available if any item below is checked			
General guidance: RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity RuleExact location of RAM [suite #, bldg. #, location different from mailing address]  (whether = or > than Category 3 or not)Design of structure and/or equipment (site specific)Information on nearby facilitiesDetailed design drawings and/or performance informationEmergency planning and/or fire protection systems  Specific guidance for medical, industrial and academic (above Category 3):					
RAM quantities and inventory  Manufacturer's name and model number of sealed sources & devices  Site drawings with exact location of RAM, description of facility  RAM security program information (locks, alarms, etc.)  Emergency Plan specifics (routes to/from RAM, response to security events)  Vulnerability/security assessment/accident-safety analysis/risk assess  Mailing lists related to security response					

Date:

Branch Chief's and/or HP's Initials:

**FEB - 2** 2009

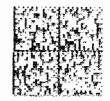
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	This is to acknowledge the receipt of your letter/application d $12-08-08$ , and to inform you that the initial proc which includes an administrative review, has been performe	essing,	
À	There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.		
	Please provide to this office within 30 days of your rece	pt of this card:	
The	The action you requested is normally processed within 90	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.		
Wh	Your action has been assigned <b>Mail Control Number</b> When calling to inquire about this action, please refer to this You may call me at 817-860-8103.	472019 mail control number.	
	Sincerely,		
	Colle	n Munahan	
	NRC FORM 532 (RIV) Licensing A (10-2008)	ssistant	

		: (FOR LFMS USE) : INFORMATION FROM LTS
BET	WEEN:	:
Lice	ense Fee Management Branch, ARM	Program Code: 02220
Reg	and ional Licensing Sections	: Status Code: 0 : Fee Category: 7C : Exp. Date: 20111231 : Fee Comments: : Decom Fin Assur Reqd: N
LIC	ENSE FEE TRANSMITTAL	
Α.	REGION	
1.	APPLICATION ATTACHED Applicant/Licensee: DMS IMAGING, I Received Date: 20081212 Docket No: 3036404 Control No.: 472079 License No.: 40-32477-01 Action Type: Amendment	NC.
2.	FEE ATTACHED Amount: Check No.:	
3.	COMMENTS	, ,
	Signed <u>/</u> Date _	Jellen Murnahan
В.	LICENSE FEE MANAGEMENT BRANCH (Check	when milestone 03 is entered $/\_/$ )
1.	Fee Category and Amount:	
2.	Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3.	OTHER	
	Signed Date	



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030-364-04



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An OTTERTAIL Company

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