

*Rec'd
12-09-09
EM*

Isoscan, LLC
949 N. Curtis
Boise, ID 83706

facsimile transmittal

To: Jacqueline Cook
Senior Health Physicist
Nuclear Regulatory Commission,
Region IV, Arlington, Texas

Fax: 817 860-8263
Telephone: 817 860-8132

From: John Fletcher, IsoScan, LLC

Date: December 9, 2009

Cc: Karen Marler, IsoScan, LLC

Pages: 2

Ms. Cook,

This message is in response to your request for additional information dated November 11, 2009.

1. Thank you for clarifying the authorization for sealed sources stated in 10 CFR.65.
2. Concerning the mention of 2 license numbers for Oregon. Oregon had issued 2 separate licenses. One for each coach that operates in Oregon. At the time of the 5 year license renewal Oregon consolidated the 2 licenses into one. The correct license is ORE-91039. I apologize for this error in our application.
3. We wish to add the following four physicians as authorized users for use under 10 CFR 35.200:
 - I. Daniel John Wegner, M.D. currently authorized on NRC license 11-27089-01, Mercy Medical Center, Nampa, Idaho
 - II. James Allen Englehart, M.D. currently authorized on NRC license 11-27089-01, Mercy Medical Center, Nampa, Idaho

III. Robert Wasserstrom, M.D. currently authorized on NRC license 11-27082-01, St. Luke's Magic Valley Regional Medical Center

IV. Christopher J. Jennings, M.D. currently authorized on NRC license 11-27312-01, St. Luke's Regional Medical Center, Boise, Idaho

Thank you for your assistance with our license application. Please call at anytime if you require additional information


12/09/09

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02220
Status Code: 4
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ISOSCAN, LLC
Received Date: 20091209
Docket No: 3038104
Control No.: 472520
License No.: _____
Action type: _____
New Licensee

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
Signed _____
Date 02-26-10

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 _____