



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL: (671) 647-2444 or 647-2330
FAX: (671) 649-0145

January 07, 2010

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

Subject: Notification
NRC License No. 56-18134-01
Docket No. 030-14539

RECEIVED
FEB 16 2010
DNMS

Dear License Reviewer:

Please remove W. Richard Smith, M.D. from our list of authorized users.

If you require any additional information, please contact our consultant, Ronald Frick at 808-373-7009.

Sincerely,


Peter John D. Camacho, MPH
Hospital Administrator/CEO

FEB 26 2010

DATE

This is to acknowledge the receipt of your letter/application dated 1-07-2010, 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 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.

Your action has been assigned **Mail Control Number** 472581.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

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: 20160930
: Fee Comments: CODE 12
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GUAM MEMORIAL HOSPITAL AUTHORITY
Received Date: 20100216
Docket No: 3014539
Control No.: 472581
License No.: 56-18134-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 2-23-2010

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 _____



GUAM MEMORIAL HOSPITAL AUTHORITY

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E 2581

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