

HIRO MAKINO, M.D.
MICHAEL W. CHAN, M.D.
SPECIALIZING IN CARDIOLOGY

KMC AT PALI MOMI
98-1079 MOANALUA ROAD, #655
AIEA, HAWAII 96701
PHONE: (808) 486-6116

WAHIAWA BUSINESS CENTER
302 CALIFORNIA AVENUE, #214
WAHIAWA, HAWAII 96786
PHONE: (808) 621-8773

ST. FRANCIS MEDICAL PLAZA-WEST
91-2139 FORT WEAVER ROAD, #308
EWA BEACH, HAWAII 96706
PHONE: (808) 677-5585

April 26, 2010

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

RECEIVED

MAY - 3 2010

DNMS

Subject: Notification
NRC License No. 53-29263-01
Docket No. 030-37462

Dear License Reviewer:

Please remove Shay Lee, M.D. from our list of authorized users.

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

Sincerely,


Hiro Makino, M.D.
President

MAY 24 2010

DATE

This is to acknowledge the receipt of your letter/application dated 4-26-2010, 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 other 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** 472689.
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

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20170531
Fee Comments: _____
Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HIRO MAKINO, M.D., INC.
Received Date: 20100503
Docket No: 3037462
Control No.: 472689
License No.: 53-29263-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Colleen H. Harnahan
Date 5-14-10

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 _____

SPENCER, M.D.
MICHAEL W. CHAN, M.D.
421078 Mountain Rd., Suite 651
Columbia, MD 21046

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