

POCATELLO CARDIOLOGY

777 Hospital Way, Bldg. A, Ste. 101 – P.O. Box O – Pocatello, ID – 83201 – 208.234.2001 – Fax 208.232.2195

Nuclear Regulatory Commission
Region V
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125

RECEIVED

APR 14 2010

DNMS

6 April, 2010

SUBJECT: CHANGE OF OWNERSHIP
LICENSE NUMBER: 11-27809-01


We request an amendment to our license for a change of ownership.

→ 11-27384-01

Portneuf Medical Center, 651 Memorial Drive, Pocatello, Idaho 83201 is purchasing our clinical practice. Our name (Pocatello Cardiology) will remain the same as will our staff and Radiation Safety Officer. All other factors of our license will remain the same.

Thank you.

Sincerely,


Benjamin Call, M.D.
Radiation Safety Officer

5-27-2010

DATE

This is to acknowledge the receipt of your letter/application dated 4-06-2010, 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 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** 472672.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20150531
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: POCATELLO CARDIOLOGY ASSOCIATES PA
 Received Date: 20100414
 Docket No: 3036925
 Control No.: 472672
 License No.: 11-27809-01
 Action Type: Amendment

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

3. COMMENTS
 Signed Colleen Munnahan
 Date 5-12-10

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 _____

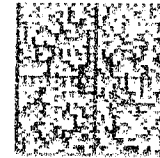
3. OTHER _____

Signed _____
 Date _____

POCATELLO CARDIOLOGY

...treating hearts with great care...

777 Hospital Way, Bldg. A, Ste. 101
Pocatello, ID - 83201



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