

888 S. King Street
Honolulu, Hawaii 96813

HAWAI'I PACIFIC HEALTH

Kapi'olani • Pali Momi • Straub • Wilcox

808-522-3101
www.hawaiipacifichealth.org

April 4, 2011

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. 53-23297-01
Docket No. 030-31200

RECEIVED
APR 21 2011
DNMS

Dear License Reviewer:

On July 30, 2010 Kapi'olani Medical Center at Pali Momi rebranded the hospital and began doing business as Pali Momi Medical Center. This letter serves as official notification that we will be legally changing our name to Pali Momi Medical Center effective May 3, 2011.

Previous Name: Kapi'olani Medical Center at Pali Momi
New Name: Pali Momi Medical Center

Kapi'olani Medical Center at Pali Momi is currently listed as a location of use under Item 10.A. of our license. Please update your records as necessary to reflect this change. Our contact information remains the same, and there is no change in ownership.

Pali Momi Medical Center
www.palimomi.org
98-1079 Moanalua Road
Aiea, Hawai'i 96701-4713
Phone: 808-486-6000

The licensee name, Hawaii Pacific Health, Inc., should remain unchanged.

If you have any questions, please contact the Executive Office at (808) 485-4128.

Sincerely,



Raymond P. Vara, Jr.
Executive Vice President &
Chief Executive Officer, Operations

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



PALI MOMI
MEDICAL CENTER



STRAUB
CLINIC & HOSPITAL



WILCOX HEALTH

HAWAI'I PACIFIC HEALTH

h 574893

Raymond P. Vara, Jr. — Executive Officer, MS 30/9110

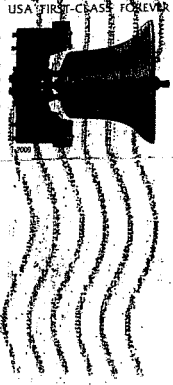
HAWAII PACIFIC HEALTH

Kap'olani • Pali Momi • Straub • Wilcox

55 Merchant Street | Honolulu, Hawaii 96813-4333

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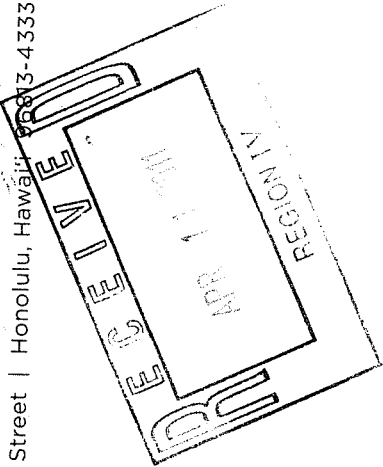


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APR 18 2011

DATE

This is to acknowledge the receipt of your letter/application dated 4/14/11, 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** 574 893. When calling to inquire about this action, please refer to this mail control number. You may call me at (817) 860-8103.

Sincerely,
Carol L. Heie
Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 3E 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAWAII PACIFIC HEALTH, INC.
Received Date: 04/11/2011
Docket Number: 3031200
Mail Control Number: 574893
License Number: 53-23297-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murahan

Date: 4-12-2011

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: _____