Information Required for Change of Control and/or Change of Ownership
(to include a name change)
Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

   A. Description of the transaction:

   Transaction is described in the attached letter from April 4, 2011.

   B. [X] No name change Name of licensed organization has not changed. See Attached Letter

   [ ] New name of licensed organization:_____

   C. [X] No change in contact

   [ ] New contact: _____

   [ ] New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

   A. [X] No changes in personnel having control over licensed activities.

   [ ] Changes is personnel having control over licensed activities (e.g. officers of a corporation):

   B. [X] No changes in personnel named in the license.

   [ ] Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

   [ ] Organization: [ ] Equipment:

   [ ] Location: [ ] Procedures:

[ ] Facility: [X] Not applicable

4. Describe the status of the surveillance progam (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

   A. Description of the status of all surveillance program:

      All surveillance items are current and within normal limits.

   B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

      [X] Yes [ ] No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

   Records transferred to:
   [ ] New licensee [ ] NRC for license termination [X]Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

   _____ will abide by all constraints, conditions,
   (transferee company)
   requirements and commitments of _____.
   (transferor company)

_____	_____
Signature/Title Transferee Official	Signature/Title Transferor Official
_____	_____
date	date

OR

[ ] Description of proposed licensed program from transferee attached (with signature)

OR

[X] Not applicable (name change only)

Certifying Officer - Signature

6/13/11
Date

Raymond P. Vara, Jr., Executive Vice President & CEO, Operations
Certifying Officer - Typed name and title

COPY

888 S. King Street
Honolulu, Hawai'i 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

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