

RECEIVED

APR - 4 2012

DNMS

04/02/2012

United States Nuclear Regulatory Commission  
Nuclear Materials Safety Branch  
U.S. NRC Region IV  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511

Re: License 11-29358-01

Dear Sir or Madam:

This is a notification that the PET coach operations in Twin Falls, Idaho for St. Lukes' Magic Valley Medical Center (NRC license: 11-27312-01) has changed to their new location:

801 Pole Line Rd West  
PO Box 409  
Twin Falls, Idaho 83301

If you require additional information, please call me 208-947-6941.

Sincerely,



Karen Marler  
Director Human Resources & Administration  
Compliance Office

949 North Curtis Road  
Boise, ID 83706

(208) 947-7000

(800) 657-6674

Fax: 208 947-7001

Fax: 800 657-6410

www.petctmobile.com

11 577367

*IsoScan, LLC*

Mobile PET/CT

The Image of  
Excellence



"We find what others can't"

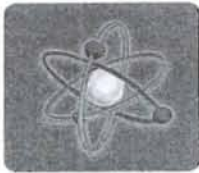
**Item 3:**

Scheduled temporary locations of use are as follows:

St. Luke's Magic Valley Regional Medical Center 650 Addison Avenue W Twin Falls, ID 83303 208 737-2031 (NRC License: 11-27601-01)	

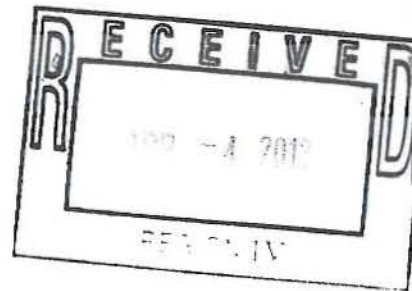
licensee wants to replace this address with the cover letter address. It's the same location just that the address changed after construction.

conversation between Karen Marler & Lizette Roldan, Ph.D.  
on 6/4/12.



**IsoScan, LLC**  
*Mobile PET/CT*

*The Image of Excellence*  
949 N. Curtis Road , Boise, ID 83706



neopost<sup>SM</sup>  
04/02/2012  
US POSTAGE

FIRST-CLASS MAIL  
\$00.44<sup>0</sup>  
ZIP 83706  
041L10207786

United States Nuclear Regulatory Commission  
Nuclear Materials Safety Branch  
U.S. NRC Region IV  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511

M 577367

76011+4511





DATE

April 18, 2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  IsoScan, LLC ATTN: Karen Marler, Director Human Resources & Administration Compl. 801 Pole Line Rd West; PO Box 409 Twin Falls, ID 83301	LICENSE NUMBER 11-29358-01
	MAIL CONTROL NUMBER 577367
	LICENSING AND/OR TECHNICAL REVIEWER C. Murnahan

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 04/02/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT     TERMINATION     NEW LICENSE     RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

*e-mailed to licensee  
4-18-2012 cm*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02220  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: ISOSCAN, LLC  
Received Date: 04/04/2012  
Docket Number: 3038104  
Mail Control Number: 577367  
License Number: 11-29358-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: Celene Murnahan

Date: 4-18-2012

### 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: \_\_\_\_\_