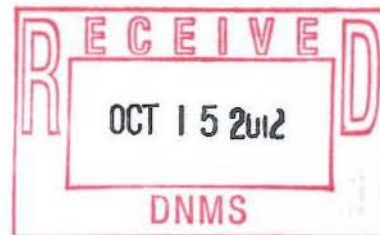




**Insight Health Corp.**  
 C/O CDI  
 5775 Wayzata Blvd., Suite 400  
 Minneapolis, MN 55416  
 Telephone - (952) 513-6806  
 Facsimile - (952) 847-1152

October 11, 2012

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



Licensee: Insight Health Corp.  
 RAML #: 04-29403-01  
 Subject: Notification to Change Central Mailing Address and Contact Person

Dear Sir or Madam:

The central mailing address for InSight Health Corp. will change effective October 15, 2012. Please adjust your records to direct all future regulatory and business correspondence to:

Insight Health Corp.  
 (C/O CDI)  
 5775 Wayzata Blvd., Suite 400  
 Minneapolis, MN 55416  
 Attention: Ms. Linda Bagley, Vice President, Business Systems and Operations Support

Telephone: (952) 513-6806  
 Fax: (952) 847-1152

Insight Health Corp. will continue its successful centralized business communication model through Ms. Linda Bagley in our new office location. No other changes to our mobile PET/CT services that operate under this license are required at this time. All terms and conditions of the RAML remain the same, including ownership, Radiation Safety Officer oversight, Area Management structure, and strong commitment to safety and compliance.

Sincerely,

*Gregg C. Daversa*

Gregg C. Daversa  
 Vice President, Technical Services  
 InSight Health Corp.

**PUBLIC**  
 Immediate Release  
 Normal Release

**NON-PUBLIC**  
 A.3 Sensitive-Security Related  
 A.7 Sensitive Internal  
 Other: \_\_\_\_\_

ln 579313

Reviewer: fxo Date: 10/31/12

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code:  
Status Code: Pending New  
Fee Category:  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Reqd:

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: INSIGHT IMAGING CORP  
Received Date: 10/15/2012  
Docket Number: 3038590  
Mail Control Number: 579313  
License Number:  
Action Type: New License, existing licensee

##### 2. FEE ATTACHED

Amount:                       
Check No.:                     

##### 3. COMMENTS

*Change of address to Region 3 state.  
No fee.*

Signed: Colleen Murnahan  
Date: 10-30-12

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

From: (724) 935-5557  
Judy Dezi  
INSIGHT HEALTH CORP  
6400 BROOKTREE COURT  
WEXFORD, PA 15090

Origin ID: BFDA



Ship Date: 11OCT12  
ActWgt: 1.0 LB  
CAD: 104436793/INET3300

579313

Delivery Address Bar Code



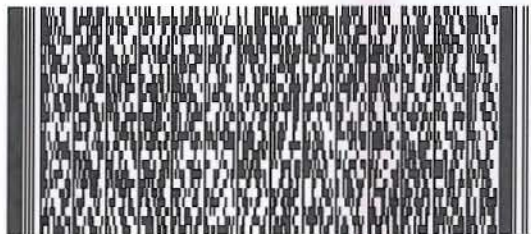
SHIP TO: (999) 999-9999 **BILL SENDER**  
**US Nuclear Reg Commission Region IV**  
**US Nuclear Reg Commission Region IV**  
**612 E LAMAR BLVD**  
**STE 400**  
**ARLINGTON, TX 76011**

Ref # NRC POC and address change  
Invoice #  
PO #  
Dept #



FRI - 12 OCT A1  
STANDARD OVERNIGHT

TRK# 7991 7413 9311  
0201



**XH FWHA**

76011  
TX-US  
DFW



515G19CCB/A44

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

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