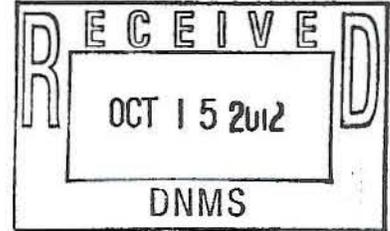




Insight Health Corp.
 C/O CDI
 5775 Wayzata Blvd., Suite 400
 Minneapolis, MN 55416
 Telephone - (952) 513-6806
 Facsimile - (952) 847-1152

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: _____

Reviewer: *Jme* Date: *10/31/12*

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

Origin ID: BFDA



J12201207160325

WEXFORD, PA 15090

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

Delivery Address Bar Code

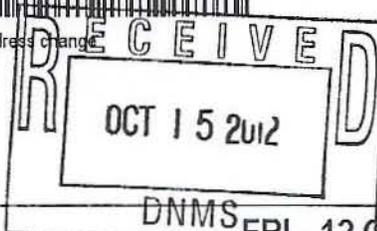


SHIP TO: (999) 999-9999

BILL SENDER

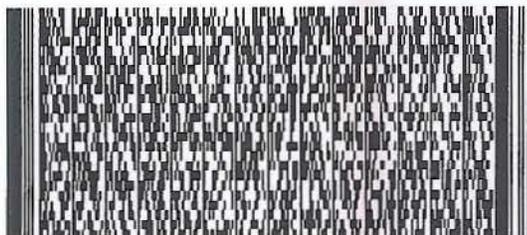
US Nuclear Reg Commission Region IV
US Nuclear Reg Commission Region IV
612 E LAMAR BLVD
STE 400
ARLINGTON, TX 76011

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



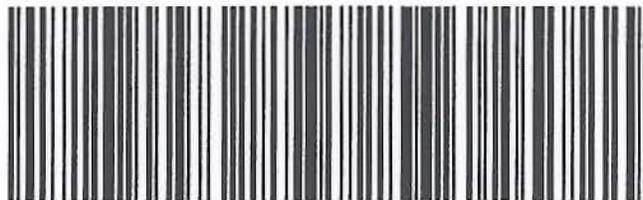
DNMS FRI - 12 OCT A1
STANDARD OVERNIGHT

TRK# 7991 7413 9311
0201



XH FWHA

76011
TX.US
DFW



515G19CCB/AA44

h 579315

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

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

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: INSIGHT HEALTH CORPORATION
Received Date: 10/15/2012
Docket Number: 3038343
Mail Control Number: 579315
License Number: 04-29403-01
Action Type: Termination

Program Code: 02220

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Munnahan

Date: 10-30-2012

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: _____