

RECEIVED

01 November 2013

NOV 19 2013

United States Nuclear Regulatory Commission  
Regional Office: Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

DNMS

Minidoka Memorial Hospital  
1224 8<sup>th</sup> Street  
Rupert, Idaho 83350  
U.S. NRC RAM License 11-29085-01

To Whom It May Concern,

Please remove Don Wayment, D.O. as our Authorized User.  
Please add James P. Edlin, M.D. as our Authorized User.  
Dr. Edlin is recognized as an Authorized User on U.S. NRC RAM License 11-27346-01, and a Radiation Safety Officer on our U.S. NRC RAM License.  
If you have any questions, do not hesitate to contact our radiation safety consultant who is listed below.

Thank you for your time.

Sincerely,



Carl Hanson, CEO  
Minidoka Memorial Hospital  
1224 8<sup>th</sup> Street  
Rupert, Idaho 83350

Troy Curnutt  
Radiation Safety Consultant  
Advanced Isotopes of Idaho  
4968 Rainbow Lane  
Chubbuck, ID. 83202

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

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

Reviewer: *PCW* Date: 11-20-13

(208) 406-2543  
nukemdude@gmail.com



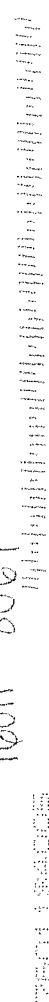
MINIDOKA  
MEMORIAL  
HOSPITAL

1224 8TH STREET  
RUPERT, ID 83350

FORWARDING SERVICE REQUESTED

1-800-845-6666

United States Nuclear Regulatory Commission  
Regional Office: Region IV  
611 Bryan Plaza Drive, Suite 400  
Arlington, TX  
76011-8064



7501154005

No. 582458



DATE

11/19/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Minidoka Memorial Hospital  
ATTN: James P. Edlin, M.D.  
Radiation Safety Officer  
1224 8th Street  
Rupert, ID 83350

LICENSE NUMBER

11-29085-01

MAIL CONTROL NUMBER

582458

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION DATED: 11/01/2013

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

✓ 11/19/13

BETWEEN:  
  
Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02121  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 05/31/2015  
Fee Comments:  
Decom Fin Assur Reqd: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: MINIDOKA MEMORIAL HOSPITAL  
Received Date: 11/19/2013  
Docket Number: 3033775  
Mail Control Number: 582458  
License Number: 11-29085-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

Signed: \_\_\_\_\_

*Carol L Heise*

Date: \_\_\_\_\_

11/19/13

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