

Roldan, Lizette

From: Matthews, Robert <RMatthews@kh.org>
Sent: Thursday, May 15, 2014 4:49 PM
To: Roldan, Lizette
Subject: RE: REQUEST FOR ADDITIONAL INFORMATION REGARDING AMENDMENT CONTROL 583261
Attachments: Assumed Business Name.pdf

PUBLIC

☐ Immediate Release
☒ Normal Release

NON-PUBLIC

☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: frw **Date:** 6/16/14

Docket No.: 030-32264
License No.: 11-27307-01
Control No.: 583261

Dear Dr. Roldan:

With regard to item (1) on our referenced license, I have attached the Assumed Business Name document filed with the State of Idaho concerning the change of business name as per our recent phone conversation. Kootenai Health was formerly known as Kootenai Medical Center when the license application was submitted. They are identical entities. The street address has been updated as well, but the physical location has not changed.

With regard to item (10) of our license, these are name and address corrections only without any change in physical location or change in management or ownership.

Please let me know if additional information is required. Thank you.

Robert J. Matthews, Ph.D.
Kootenai Health
Radiation Safety Officer

From: Roldan, Lizette [Lizette.Roldan@nrc.gov]
Sent: Wednesday, May 07, 2014 7:32 AM
To: Matthews, Robert
Subject: REQUEST FOR ADDITIONAL INFORMATION REGARDING AMENDMENT CONTROL 583261

Docket No.: 030-32264
License No.: 11-27307-01
Control No.: 583261

Dear Dr. Matthews:

This is in reference to your letter dated February 24, 2014 requesting to amend Nuclear Regulatory Commission License No. 11-27307-01. In order to continue our review, we need the following additional information:

1. Complete the attached form to describe if there has been a change of ownership or only a name change.

We will continue our review upon receipt of this information. Please reply to my attention by May 20, 2014 and refer to Mail Control No. 583261. If you have any technical questions regarding this deficiency letter, please call me at (817) 200-1596.

Thanks,

Lizette Roldán-Otero, Ph.D.
US NRC Region IV – NMSB-B
1600 Lamar Blvd
Arlington, TX 76011
Office: 817-200-1596
Fax: 817-200-1188

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FILED EFFECTIVE



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 APR -3 AM 8:45

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: Kootenai Health
2. The assumed business name was filed with the Secretary of State's Office on 7/30/2007 as file number D113769
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Kootenai Hospital District</u>	<u>2003 Lincoln Way, CDA, ID 83814</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Kootenai Hospital District</u>	<u>2003 Kootenai Health Way</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>Coeur d'Alene, ID 83814</u>

6. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
Ron Lahner, General Counsel, Kootenai Health, 2003 Kootenai Health Way, CDA, 83814

8. Name and address for this acknowledgment copy is:

Jon Ness, CEO2003 Kootenai Health WayCoeur d'Alene, ID 83814Signature: *Jon Ness*Printed Name: Jon NessCapacity: Chief Executive Officer

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 04/03/2014 05:00
 CK: 317143 CT: 288773 BH: 1418493
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

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