



RECEIVED
DEC 19 2018

DNMS

December 19, 2018

Re: License Amendment #53-35229-01

Dear Sir or Madam:

I would like to request to have both our mailing and physical address updated on our files. We no longer have a PO Box address. Please have all correspondence sent to the following address effective immediately:

Ala Imua, LLC
91-168 Malakole Street
Kapolei, Hawaii 96707

Please feel free to contact me with any questions or concerns; you may reach me via e-mail at keoni@alaimua.com.

Signed,

Keoni Alensonorin
RSO- Quality Control Manager
Ala Imua, LLC

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

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

Reviewer: MS Date: 12/20/18

ALA IMUA, LLC
91-168 Malakole Street
KAPOLEI, HAWAII 96707
Ph: (808) 682-1463 | Fx: (808) 682-1473

1610827

Hill, Carol

From: jewel@alaimua.com
Sent: Wednesday, December 19, 2018 2:05 PM
To: Hill, Carol; Torres, RobertoJ
Cc: 'Keoni'
Subject: [External_Sender] License Amendment #53-35229-01 (Request of Address Change)
Attachments: License Amendment #53-35229-01.pdf

Hello Carol,

Attached is a letter requesting an amendment to our address, please let me know should you need any other information.

Thank you,

Jewel Chung, Administrative Assistant

Ph: (808) 682-1463

Fx: (808) 682-1473



91-168 Malakole Street
Kapolei, Hawaii 96707



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Mr. Keoni Alensonorin Radiation Safety Officer Ala Imua, LLC P.O. Box 700882 Kapolei, Hawaii 96709	Date 12/19/2018
	License Number(s) 53-35229-01
	Mail Control Number(s) 610827
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 12/19/2018

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

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

✓ 12/19/18

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date: 06/30/2025
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Ala Imua, LLC
Received Date: 12/19/2018
Docket Number: 3038826
Mail Control Number: 610827
License Number: 53-35229-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Hume

Date: _____

12/19/18

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: _____