

IMAGING ASSOCIATES

Expert Radiology. Exceptional Care.

November 9th, 2020

Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RECEIVED
MAY 10 2021

DNMS

RE: Imaging Associates, License No.: 50-27730-01

Mail Control Number: 625686
Docket Number : 3035999
License Number : 50-27730-01
Licensee Name : Imaging Associates, LLC

Please amend the above radioactive materials license as follows:

1. Please remove the following Authorized Users as they are no longer with our organization.
 - Leonard Sisk
 - David Allen Moeller
 - Denise Farleigh

If you have any questions concerning this matter contact me at 907-229-8342.

Sincerely,



Dr. Chakri Inampudi
Radiation Safety Officer



Expert Radiology. Exceptional Care.

3650 Piper Street, Suite A - Anchorage, AK 99508

FIRST-CLASS



US POSTAGE

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Materials licensing Branch
United States Nuclear Regulatory Commission
Region IV
1600 East Lamar Blvd.
Arlington, TX 76011-4511

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Chakri S. Inampudi, M.D.
Radiation Safety Officer
Imaging Associates, LLC
3650 Piper Street, Suite A
Anchorage, AK 99508

Date

05/10/2021

License Number(s)

50-27730-01

Mail Control Number(s)

625686

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 11/09/2020

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:

[Empty box for administrative omissions]

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**

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3035999 LICENSE NUMBER: 50-27730-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 625686 RECEIPT DATE: 05/06/2021 ACTION TYPE: Amendment

DUE DATE: 08/04/2021 INST. CODE: 27730 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 05/20/2002 EXPIRATION DATE: 09/30/2022

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Imaging Associates, LLC DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 3650 Piper Street, Suite A CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Anchorage STATE: AK ZIP: 99508

CONTACT PERSON: PREFIX: Mr. FIRST NAME: Dexter MIDDLE INITIAL:

LAST NAME: Tucker SUFFIX:

JOB TITLE: Director Clinical Operations PHONE: 907-562-1141 FAX: 907-222-4651 EMAIL: dex.tucker@imagingak.

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Alaska ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02200 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Chakri MIDDLE INITIAL: LAST NAME Inampudi

SUFFIX: M.D. RSO JOB TITLE: RSO

RSO PHONE: 907-562-1211 RSO FAX: 907-562-1194 RSO EMAIL: chakriinampudi@gmail.com

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):