



JAN 1 9 2012

DNMS

January 13, 2012

Michelle Hammond US Nuclear Regulatory Commission, R IV Nuclear Materials Safety Branch 1600 E. Lamar Blvd. Arlington, TX 76011-4511

RE: Amendment to License # 46-27704-01

Ms Hammond,

This letter is to request an amendment to our license to reflect the following changes.

- 1. Change of ownership/Change of name, effective January 1, 2012, from Heart Clinics Northwest, PS to Kootenai Heart Clinics, LLC. I have attached a completed Appendix F of NUREG-1556, a copy of the Washington Certificate of Registration and a certificate of Existence from the State of Idaho.
- 2. Remove Andrew James Boulet, M.D. as an Authorized User.

I can be reached by phone at 208-660-5687 or email rhondacragin@hcnw.com.

Sincerely, Chonda Cragun

Rhonda Cragin

Radiation Safety Officer

Heart Clinics Northwest, A division of Kootenai Medical Center

122 W. 7th Avenue, Suite 310

Spokane, WA 99204

Information Required for Change of Control and/or Change of Ownership (To Include a Name Change) Source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor

and/or transferee, as appropriate). If any items are not applicable, so state. 1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed. A. Description of the transaction: Heart Clinics Northwest, PS (Lic # 46-27704-01) has been purchased by Kootenai Hospital District, effective January 01, 2012, and is operating as Kootenai Heart Clinics, LLC B. [] No name change [X] New name of licensed organization: Kootenai Heart Clinics, LLC C. [X] No change in contact [] New contact: [] New telephone number: 2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel. A. [X] No changes in personnel having control over licensed activities. [] Changes in personnel having control over licensed activities (e.g. officers of a corporation): B. [] No changes in personnel named in the license. [X] Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities: Please remove Andrew James Boulet, M.D. as an Authorized User 3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program. [] Equipment: [] Organization: [] Procedures: [] Location:

[] Facility: [X] Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
A. Description of the status of all surveillance programs:

The surveillance programs are presently functioning as intended.
B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer
[X] Yes [] No (explain)
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
Records transferred to:

[X]Not applicable

[] New licensee [] NRC for license termination

Confirm that the transferee will abide by all con commitments of the transferor or that the trans proposed licensed program.	straints, conditions, requirements and feree will submit a complete description of the
[] Description of proposed licensed program	attached
OR	
requirements and commitments of Heart Clin May Obertal Executive Signature Vitto Transferee 3 4 2012 date OR [] Not applicable (name change only)	abide by all constraints, conditions, aics Northwest, PS (transferor) R. Der Fellow Patts Derf Signature/Title Transferor 2(10 1 2 date
Certifying Officer - Signature Certifying Officer - Typed name and title	Date

There has been no change in management or control of licensed activities.



INITIAL REPORT FEE: \$10.00

RETURN COMPLETED FORM AND PAYMENT TO: (Checks made payable to "Secretary of State")

Corporations Division 801 Capitol Way South PO Box 40234 Olympia, WA 98504-0234

Current Registered Agent/Office

Entity Name: KOOTENAI HEART CLINICS, LLC

Payment Due By: 4/14/2012

Unified Business Identifier: 603-165-935

State of Incorporation: ID Inc./Qual. Date: 12/16/2011

Registered Agent/Office Changes (Changes must be approved by the Board of Directors)

TO AVOID DISSOLUTION/REVOCATION, AN INITIAL REPORT MUST BE FILED AND PROCESSED PRIOR TO: 4/14/2012

	N	lew Registered Agent	Name	_			-
RON LAHNER 12400 KALLGREN RD	3 · · · ·	onsent to ppointment	Signature of	New Registered Agei	nt -		
BAINBRIDGE ISLAND, WA98110) F	Required Street					
	C	City		State	WA Zip Code		
		Optional Mailing Addre	ess				
	(City		State	WA Zip Code		
NITIAL REPORT SECTION MUST BE			R PRINT IN BLAC	CK INK	,	NΔ	
Principal place of business in WA		Address		City	· · · · · · · · · · · · · · · · · · ·	NAZip	-
Telephone ()	Fmail	34 - 37 - 37 - 37 - 37 - 37 - 37 - 37 -	Nature	of Business			
Address CORPORATION: Print or type names	and addresses of	City	State directors includir	Zip og President, Vice F	President Secretary	untry and Treasurer. If additional list if necess	sary)
CORPORATION: Print or type names applicable the Chair of the Board of Dir	rectors and Directo	rs. LLC; Print or type	names and addi			ZIp	
Name	Title	Address		City	State	ZIÞ	
Name	Title	Address		City	State	Zip	
Name	1]tle	Address)	City	State	Zip	
Name	77tle	Address	<u> </u>	City	State	Zip	•
Name	Title	Address	5	City	State	Zip	
SIGNATURE Signature of Chairman of				Type or Print Na	area and Title		Date

CORPORATIONS INFORMATION AND ASSISTANCE - 360/725-0377 (TDD 360/753-1485)

Rev. 01-004 11/03





Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF REGISTRATION

to

KOOTENAI HEART CLINICS, LLC

a/an ID Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 12/16/2011

UBI Number: 603-165-935



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

Page 1 of 2



Foreign Limited Liability Company See attached detailed instructions

☐ Filing Fee \$180.00

☐ Filing Fee with Expedited Service \$230.00

FILED SECRETARY OF STATE DEC 16 2011

STATE OF WASHINGTON

UBI Number:

FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Chapter 25.15 RCW

and the second s	SECTION 1
NAME OF LIMITED LIABILITY COMPAN Kootenai Hearl Clinics, LLC	Y: (As recorded in the state/country of formation)
NAME TO BE USED IN WASHINGTON S (Must contain one of the following designe abbreviations: L.L.G. or LLG. If the Koolenal Heart Clinics, LLC	STATE: allons: Limited Liability Company, Limited Liability Co or one of these designation is omitted, it will default to LLC when processed)
	SECTION 2
	SECTION 2
STATE OR COUNTRY WHERE ORIGINA	CLY FORMED: 108/10
M A 2017 17 17 17	DICINIAL CODMATIONS DECEMBER 10, 2017
(Certificate of Existence or similar Impo	t (not more than 60 days old) from original state must be attached)
	SECTION 3
ADDRESS OF THE PRINCIPAL PLACE	OF BUSINESS:
Street Address 2003 Lincoln Way	City Coeur d'Alena State/Country D Zip 83814
PO Box	Cliy State/Country ZIP
	SECTION 4
4	#10
EFFECTIVE DATE OF REGISTRATION:	(Please check one of the following)
到 Upon filling by the Secretary of Sta	te
□ Specific Date:	(Specified offective date must be within 90 days AFTER the n filed by the Office of the Secretary of State).
Certificate of Registration has bee	It then by the Other of the operatory as asset

*0	SECTION 5	
	ollowing and indicate the date if applicable)	
Perpetual existence	and the standard and	
Specific term of existence	(Number of years or date of termination):	<u> </u>
	SECTION 6	• (2
DATE THE LLC BEGAN DOING BU	SINESS IN WASHINGTON STATE: January 1, 2012	
	SECTION 7	
NATURE OF BUSINESS IN WASHIN	IGTON STATE: Healthcare practice.	
	SECTION 8	
NAME AND ADDRESS OF THE WA	SHINGTON STATE REGISTERED AGENT:	
Physical Location Address (regulred No Lehner & Associates, P.C., 12400 K	i): allgren Road	
Balnbridge Island	WA Zip Code 98110	
OILY	The state of the s	CORP. CARRIED
Mailing or Postal Address (optional)		
Mailing or Postal Address (opfional) City	; WA Zip Code	
City CONST Consent to serve as Registered Age Company, I understand it will be my to the company of the compa	WA Zip Code ENT TO SERVE AS REGISTERED AGENT: Int in the State of Washington for the above named Limited I esponsibility to accept Service of Process on behalf of the L the Limited Liability Company; and to Immediately notify the in the Registered Office Address. Roy Labour	.fability imited
City CONST Consent to serve as Registered Age Company, I understand it will be my to the company of State if I resign or change	WA Zip Code NT TO SERVE AS REGISTERED AGENT: In the State of Washington for the above named Limited I esponsibility to accept Service of Process on behalf of the L the Limited Liability Company; and to Immediately notify the the Registered Office Address. Ron Lahner	fability inited Office of the
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City CONSI I consent to serve as Registered Age Company, I understand it will be my in Liability Company; to forward mail to Secretary of State if I resign or chang X Signature of Registered Age NAME, ADDRESS AND SIGNATUR (If nocessary, Name: Koclenal Hospital District	WA Zip Code INT TO SERVE AS REGISTERED AGENT: Int in the State of Washington for the above named Limited I esponsibility to accept Service of Process on behalf of the I the Limited Liability Company; and to Immediately notify the in the Registered Office Address. Ron Lahner Jent Printed Name SECTION 9 E OF MEMBER OR MANAGER: attach additional names, addresses and signatures)	tability imited Office of the 12/15/11
City CONSTITUTE CONSTITUTE OF THE PROPERTY OF STATE OF S	WA Zip Code INT TO SERVE AS REGISTERED AGENT: Int in the State of Washington for the above named Limited I esponsibility to accept Service of Process on behalf of the I the Limited Liability Company; and to Immediately notify the bility Registered Office Address. Ron Lahner Jent Printed Name SECTION 9 E OF MEMBER OR MANAGER: attach additional names, addresses and signatures) City Coeur d'Alene State ID Zip Company and is of partire, and is to the best of my knowledge, true and the compatition of partire, and is to the best of my knowledge, true and the compatition of partire, and is to the best of my knowledge, true and the compatition of partires and is to the best of my knowledge, true and the company is the company of partires and is to the best of my knowledge, true and the company is the company of partires and the company is the company of partires and the company is the company of partires and the co	tability inited Office of the 12/15/11: Date:

LLC - Foreign Registration

Washington Secretary of State

Revised 07/10

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

KOOTENAI HEART CLINICS, LLC

File Number W-108983

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed articles of organization in Idaho on 12/13/2011.

I FURTHER CERTIFY That the limited liability company's articles of organization have not been dissolved.

Dated: 12/16/2011 2:40 PM

Ben James SECRETARY OF STATE

Authentic Access Idaho Document (http://www.accessidaho.org/public/portal/authenticate.html)
Tag: b5ae5f5ff8d74087323560e93fd7344af36f7bbc587103e7f997992dc43bfec1a1de2d25a30d48c4

h 576844

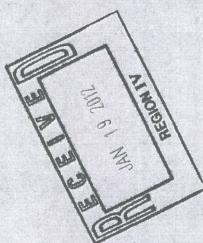
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	华业者古华	
NAME A	ND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER
F	leart Clinics Northwest	46-27704-01
	ATTN: Rhonda Cragin	MAIL CONTROL NUMBER
	Radiation Safety Officer	576844
1	22 West Seventh Avenue, Suite 310	
S	pokane, WA 99204	LICENSING AND/OR TECHNICAL REVIEWER
	This is to acknowledge the receipt of your:	•
	LETTER and/or APPLICAT	TION DATED: 01/13/2012
	The initial processing, which included an administ	
	✓ AMENDMENT _ TERMINATION	NEW LICENSE RENEWAL
1	There were no administrative omissions identified	ed during our initial review.
	This is to acknowledge receipt of your application above. Your application is deemed timely filed, a final action has been taken by this office.	on for renewal of the material(s) license identified and accordingly, the license will not expire until
	Your application for a new NRC license did not i Please fill out NRC Form 531, located at the follows:	nclude your taxpayer identification number. owing link:
		n/doc-collections/forms/nrc531.pdf
	Send the completed NRC Form 531, by facsimi	
	A copy of your action has been emailed to our Lour Headquarters office in Rockville, MD. You vinvolved.	icense Fee and Accounts Receivable Branch, in will be contacted separately if there is a fee issue
	Your application has been assigned the above leading to inquire about this action, please refer been forwarded to a technical reviewer. Please normally completed within 180 days for a renew may identify additional omissions or require additional concerning the processing of your application, or	e note that the technical review, which is val application (90 days for all other requests), ditional information. If you have any questions

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

BETWEEN:

Accounts Receivable/Payable and Regional Licensing Branches

[FOR ARPB USE] INFORMATION FROM LTS

Program Code: 02201

Status Code: Pending Amendment

Fee Category: 7C Exp. Date: 07/31/2011

Fee Comments:

Decom Fin Assur Reqd: N

Signed:

Date:

License Fee Wo	orksheet - License Fee Transmittal
A. REGION	
1. APPLICATION ATTAC Applicant/Licensee: Received Date: Docket Number: Mail Control Number: License Number: Action Type:	Heart Clinics Northwest 01/19/2012 3035760 576844 46-27704-01 Amendment
2. FEE ATTACHED Amount: Check No.: 3. COMMENTS	
	Signed: Collun Marnahan Date: 2-2-2012
B. LICENSE FEE MANA	GEMENT BRANCH (Check when milestone 03 is entered / /)
Fee Category and A	
	plication may be processed for:
3. OTHER	