Heart Clinics NORTHWEST
A division of Kootenai Medical Center

RECEIVED
JAN 19 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,

Rhonda Cragin

Rhonda Cragin
Radiation Safety Officer
Heart Clinics Northwest,
A division of Kootenai Medical Center
122 W. 7th Avenue, Suite 310
Spokane, WA 99204

M 576844

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.

   [ ] Organization: [ ] Equipment:

   [ ] Location: [ ] Procedures:

   [ ] 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:
   [ ] New licensee [ ] NRC for license termination [**X**]Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

[ ] Description of proposed licensed program attached

OR

Kootenai Heart Clinics, LLC (transferee) will abide by all constraints, conditions, requirements and commitments of **Heart Clinics Northwest, PS** (transferor).

Mary Okenfuss, Executive Director
Signature/Title
Transferee

2/9/2012
date

R. Dan Kellogg PRESIDENT
Signature/Title
Transferor

2/10/12
date

OR

[ ] Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title

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

Washington
Secretary of State
SAM REED

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

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

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

Current Registered Agent/Office	Registered Agent/Office Changes *(Changes must be approved by the Board of Directors)*
RON LAHNER 12400 KALLGREN RD BAINBRIDGE ISLAND, WA98110	New Registered Agent Name _____ Consent to Appointment _____ *Signature of New Registered Agent* Required Street Address _____ City _____ State WA Zip Code _____ Optional Mailing Address _____ City _____ State WA Zip Code _____

INITIAL REPORT SECTION MUST BE FILLED IN COMPLETELY – TYPE OR PRINT IN BLACK INK

Principal place of business in WA _____ *Address* _____ *City* WA _____ *Zip*

Telephone (___) _____ Email _____ Nature of Business _____

Foreign Entities - Principal office address in state/country of Origin

_____ *Address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

CORPORATION: Print or type names and addresses of corporate officers and directors including President, Vice President, Secretary, and Treasurer. If applicable the Chair of the Board of Directors and Directors. **LLC:** Print or type names and addresses of Members or Managers. *(attach additional list if necessary)*

Name	*Title*	*Address*	*City*	*State*	*Zip*

SIGNATURE *Signature of Chairman of the Board, Officer, Member or Manager listed above* *Type or Print Name and Title* *Date*

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

Rev. 01-004 11/03

In 576844

UNITED STATES OF AMERICA

The State of Washington

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

Sam Reed, Secretary of State

STATE OF WASHINGTON
SECRETARY OF STATE

This Box For Office Use Only

FILED
SECRETARY OF STATE
DEC 16 2011
STATE OF WASHINGTON

Foreign Limited Liability Company

See attached detailed instructions

☐ Filing Fee $180.00

☐ Filing Fee with Expedited Service $230.00

UBI Number: 603 165 935

FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: *(As recorded in the state/country of formation)*

Kootenai Heart Clinics, LLC

NAME TO BE USED IN WASHINGTON STATE:
(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

Kootenai Heart Clinics, LLC

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY FORMED: Idaho

DATE OF ORIGINAL FORMATION: December 13, 2011

(Certificate of Existence or similar import (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'Alene State/Country ID Zip 83814

PO Box _____ City _____ State/Country _____ Zip _____

SECTION 4

EFFECTIVE DATE OF REGISTRATION: *(Please check one of the following)*

☒ Upon filing by the Secretary of State

☐ Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Registration has been filed by the Office of the Secretary of State)*

SECTION 5

TENURE: *(Please check one of the following and indicate the date if applicable)*

☑ Perpetual existence

☐ Specific term of existence _____ *(Number of years or date of termination)*

SECTION 6

DATE THE LLC BEGAN DOING BUSINESS IN WASHINGTON STATE: January 1, 2012

SECTION 7

NATURE OF BUSINESS IN WASHINGTON STATE: Healthcare practice.

SECTION 8

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Ron Lahner

Physical Location Address *(required)*:

c/o Lahner & Associates, P.C., 12400 Kallgren Road

City Bainbridge Island WA Zip Code 98110

Mailing or Postal Address *(optional)*:

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X Ron Lahner — Ron Lahner — 12/15/11

Signature of Registered Agent — Printed Name — Date

SECTION 9

NAME, ADDRESS AND SIGNATURE OF MEMBER OR MANAGER:

(If necessary, attach additional names, addresses and signatures)

Name: Kootenai Hospital District

Address: 2003 Lincoln Way City Coeur d'Alene State ID Zip Code 83814

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____ — Jon Ness/CEO — 12/15/11 — (208) 666-2000

Signature — Printed Name/Title — Date — Phone

Notice: The Washington Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 25.15.355(2)

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

KOOTENAI HEART CLINICS, LLC

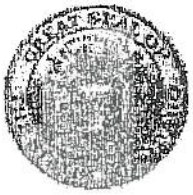
File Number W-108983

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



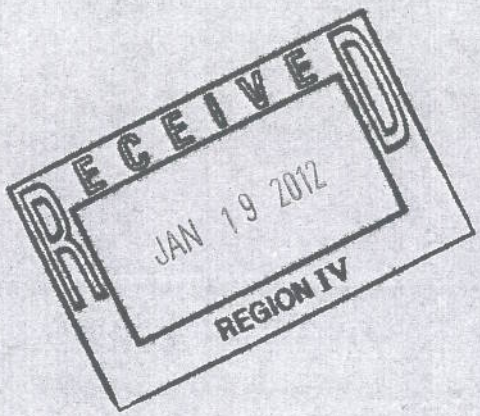
Ben Ysursa

SECRETARY OF STATE

Authentic Access Idaho Document (http://www.accessidaho.org/public/portal/authenticate.html)
Tag: b5ae5f5ff8d74087323560c93fd7344af36f7bbc587103e7f997992dc43bfec1a1de2d25a30d48c4

576844

Clinics
NORTHWEST
A division of
Kootenai Medical Center



RECEIVED
JAN 19 2012
DNMS

US Nuclear Regulatory Commissio
Region IV
Nuclear Materials Safety Branc
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Attn: Michelle Hammond

R 5768844

NRC FORM 532
(1-2012)

U. S. NUCLEAR REGULATORY COMMISSION

DATE

2/7/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER
Heart Clinics Northwest ATTN: Rhonda Cragin Radiation Safety Officer 122 West Seventh Avenue, Suite 310 Spokane, WA 99204	46-27704-01
	MAIL CONTROL NUMBER 576844
	LICENSING AND/OR TECHNICAL REVIEWER

This is to acknowledge the receipt of your:

☑ LETTER and/or ☐ APPLICATION DATED: 01/13/2012

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

NRC FORM 532
(1-2012)

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

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	Heart Clinics Northwest
Received Date:	01/19/2012
Docket Number:	3035760
Mail Control Number:	576844
License Number:	46-27704-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Monahan

Date: 2-2-2012

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: _____