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www.petctmobile.com

RECEIVED

APR - 4 2012

DNMS

04/02/2012

United States Nuclear Regulatory Commission
Nuclear Materials Safety Branch
U.S. NRC Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Re: License 11-29358-01

Dear Sir or Madam:

This is a notification that the PET coach operations in Twin Falls, Idaho for St. Lukes' Magic Valley Medical Center (NRC license: 11-27312-01) has changed to their new location:

801 Pole Line Rd West
PO Box 409
Twin Falls, Idaho 83301

If you require additional information, please call me 208-947-6941.

Sincerely,

Karen Marler
Director Human Resources & Administration
Compliance Office

11 577367

Item 3:

Scheduled temporary locations of use are as follows:

St. Luke's Magic Valley Regional Medical Center 650 Addison Avenue W Twin Falls, ID 83303 208 737-2031 (NRC License: 11-27601-01)	

licensee wants to replace this address with the
cover letter address. It's the same location just that
the address changed after construction.
conversation between Karen Marler & Lizette Roldan, Ph.D.
on 6/4/12.

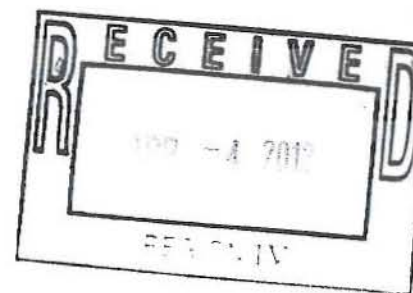


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01/02/2012

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United States Nuclear Regulatory Commission
Nuclear Materials Safety Branch
U.S. NRC Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

76011+4511



577367



DATE

April 18, 2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

IsoScan, LLC
ATTN: Karen Marler, Director
Human Resources & Administration Compl.
801 Pole Line Rd West; PO Box 409
Twin Falls, ID 83301

LICENSE NUMBER

11-29358-01

MAIL CONTROL NUMBER

577367

LICENSING AND/OR TECHNICAL REVIEWER

C. Murnahan

This is to acknowledge the receipt of your:



LETTER and/or



APPLICATION

DATED: 04/02/2012

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

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02220
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	ISOSCAN, LLC
Received Date:	04/04/2012
Docket Number:	3038104
Mail Control Number:	577367
License Number:	11-29358-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 4-18-2012

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: _____