



CONVERSATION RECORD

DATE OF SIGNATURE

04/21/2015

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Chris Conner		DATE OF CONTACT 04/21/2015	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS cconner@theimagingctr.com		TELEPHONE NUMBER (260) 436-7770	
ORGANIZATION The Imaging Center	DOCKET NUMBER(S) 03033221		
LICENSE NUMBER(S) 13-26508-01	CONTROL NUMBER(S) 585825		
SUBJECT Signatory/Signatories for change of ownership			
SUMMARY We have reviewed your letter dated February 9, 2015, (with attachments), requesting that a change in the name of your license and consent to a change of ownership/control and find that we will need additional information as follows: 1. Your letter was signed by someone identified as "President/Radiation Officer" for "Associated Imaging, Inc. d/b/a The Imaging Center. The signature was not sufficiently legible to make out a specific name and no printed name accompanied it. Please note that senior management representatives for both the transferor, The Imaging Center, and the transferee, the Lutheran Hospital, must sign the request for consent to change of ownership/control. Item 6 in Exhibit A to your letter, from Appendix G in our NUREG 1556, Vol. 9, Rev. 2, refers to both the transferor and transferee, which are terms defined in Appendix G. Please identify the person who signed this letter dated February 9, 2015, as either the transferor or transferee, and have it signed and currently dated (not back dated) by a senior management representative for whichever party did not sign it originally. Please then return it to us following the instructions in "Action Required" below. Continue on Page 2			
ACTION REQUIRED (IF ANY) Please submit a written response within <u>3 days</u> of the date of this record (by April 24, 2015) or contact me to make alternative arrangements. Address your response to my attention at the address below in my signature block and reference it as "additional information to control number 585825." If you are unable to respond within this timeframe, we may have to void your request until you are able to respond. "Void" simply means that we temporarily take your request out of our active pending casework database until we receive a written response to our request. Please respond directly to me for this case only; future new licensing requests should be addressed to the "Materials Licensing Branch Chief." Upon receipt of your written response we will continue our review. Continue on Page 3			
NAME OF PERSON DOCUMENTING CONVERSATION Colleen Carol Casey			
SIGNATURE 			

CONVERSATION RECORD (continued)

SUMMARY: (Continued from page 1)

Please be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this record will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

Colleen
Colleen Carol Casey
Materials Licensing Reviewer
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352
(630) 829-9841 Direct
(630) 515-1078 Fax
NRC 24 HR Operations Center
(301) 816-5100

Gentle Reminders: Unless previously arranged with or requested by me directly, please do not submit any licensing requests, responses or correspondence via e-mail.

Please only submit one complete, signed copy of your correspondence to us.

Please prepare your licensing requests in accordance with NUREG 1556 Series Guidance, as appropriate.

Thank you very much!

Please also note that my full-time work schedule includes every other Friday off.

Ensuring the health and safety of

our people, our nation and

our environment

<http://www.nrc.gov/>