

**Change of Control and/or Change of Ownership  
(Includes Change of Name)**

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 200-1188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

**Definitions:**     **Transferee:** A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

**Transferor:** A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Regarding

NRC License Number 25-10994-04  
Bozeman Deaconess Health Services  
      Dbas Bozeman Deaconess Hospital  
915 Highland Boulevard  
Bozeman, MT 59715

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: JKL

Date: 4/22/16

№ 590695

Information Required for Change of Control and/or Change of Ownership  
(Includes Change of Name)

Source: NUREG-1556, Volume 15

**Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, state so.**

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:

Transfer of operations from *Bozeman Deaconess Health Services*  
*dba Bozeman Deaconess Hospital*  
to a newly formed public benefit entity: *Bozeman Health Deaconess Hospital*

B. ☐ No name change

☒ New name of licensed organization: *Bozeman Health Deaconess Hospital*

C. ☒ 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. ☒ 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.

☐ Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

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: ☒ 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 program: All up to date No changes

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ 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   ☐ 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.

*Bozeman Health Deaconess Hospital* will abide by all constraints, conditions,  
(transferee company) requirements and commitments of Bozeman Deaconess Health  
Services dba Bozeman Deaconess Hospital. (transferor company)

Elizabeth Lewis  
Signature/Title      Chief Operating Officer  
Transferee Official  
11/30/15  
date

Elizabeth Lewis  
Signature/Title      Chief Operating Officer  
Transferor Official  
11/30/15  
date

OR

☐ Description of proposed licensed program from transferee attached (with signature)

OR

☐ Not applicable (name change only)

Elizabeth Lewis Chief Operating Officer  
Certifying Officer - Signature

11/30/15  
Date

Elizabeth Lewis Chief Operating Officer  
Certifying Officer - Typed name and title

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
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: Bozeman Deaconess Health Services dba Bozeman Deaconess Hospital  
Received Date: 04/20/2016  
Docket Number: 3033305  
Mail Control Number: 590695  
License Number: 25-10994-04  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Carol R. Heie*  
4/20/16

### 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: \_\_\_\_\_