

Paul J. Early, DABSNM, DABR
Vice President, Radiation Safety Officer
Digirad, Inc.



Please respond to the address indicated with the "X"

(X) NY OFFICE:

P.O. Box 340
Bernus Point, NY 14712
PH: 716-386-3860
FX: 716-386-4376
Cell: 216-496-7824

() GA OFFICE:

106 Brockinton Dr.
St. Simon's Island, GA 31522
PH: 912-634-9951
FX: 912-634-9961
Cell: 216-496-7824

March 10, 2005

VIA FAX (610-337-5393)

U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia PA 19406-1415

Re: Amendment for License No. 31-30666-01 030358 02

To Whom It May Concern:

Please amend our license to **DELETE** the following **Authorized User**:

Mansood Anwar, M.D..

Thank you for your immediate attention to this matter.

Sincerely,

Paul J. Early, DABSNM, DABR
Vice President, Corporate Radiation Safety
Digirad Corporation

13950 Stowe Drive
Poway, CA 92064-8803

t 858.726.1600
f 858.726.1700
www.digirad.com

136652
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

3/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 31-30666-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136652.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02220
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20050731
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: DIGIRAD IMAGING SOLUTIONS, INC.
Received Date: 20050310
Docket No: 3035802
Control No.: 136652
License No.: 31-30666-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
Date 3/24/2005

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 _____