



March 1, 2005

Mr. Mike Perkins
Licensing Assistant
U.S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, PA 19406

Reference: Radioactive Materials License Number: 45-11519-02 03020154

Dear Mr. Perkins:

We would like to request that our radioactive materials license be amended to:

1. Change our physical address to 759 South Main Street, Woodstock, VA 22664. This is an administrative correction, as we have always been located at this address.
2. Change our mailing address to 759 South Main Street, Woodstock, VA 22664. We no longer have a post office box.

Please contact Roy F. Heltzel, Jr., our consulting physicist, at 757-410-9051, should further information be required.

Sincerely,

A handwritten signature in black ink, appearing to read 'F. Heater', with a long horizontal stroke extending to the right.

Floyd R. Heater
President

05 MAR 14 PM 12:40

RECEIVED
REGION I

136731
NMSS/RGNI MATERIALS-002

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

3/1/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-11519-02
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** 136731.
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: 02121
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140131
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SHENANDOAH MEMORIAL HOSPITAL
Received Date: 20050314
Docket No: 3020154
Control No.: 136731
License No.: 45-11519-02
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. J. J.
Date 4/7/2005

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 _____