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TechniScan, Inc.

1873 S. Bellaire St., Suite 1400
Denver, CO 80222-4359
303-329-0535
800-266-8565
Fax 303-377-2740
www.techniscan.com

August 11, 2011

Ms. Colleen Murnahan
US NRC Region V
612 East Lamar Boulevard, Suite 400
Arlington, TX 76011-4125

RE: Change of Address

Dear Ms. Murnahan:

Per our telephone conversation yesterday, I would like to officially request a change of address for NRC License #05-27559-01, Docket #030-34392.

The new address is both for correspondence and nuclear storage.

1873 South Bellaire Street, Suite 1400
Denver, CO 80222-4359

This change is effective immediately.

If you have any questions, please contact me. My direct number is 720-880-5037.

Sincerely,



Dina K. Jones
Radiation Safety Officer

AUG 16 2011

DATE

This is to acknowledge the receipt of your letter/application dated AUG 11 2011, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

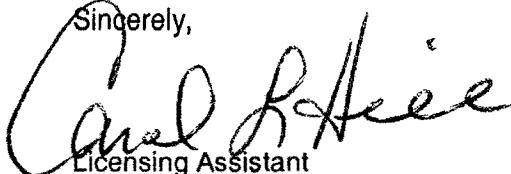
☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ 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** 575785.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,


Licensing Assistant

Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 03121
Status Code: Pending Amendment
Fee Category: 3P
Exp. Date:
Fee Comments:
Decom Fin Assur Req'd: N

A. REGION

Applicant/Licensee:	TECHNISCAN, INC.
Received Date:	08/11/2011
Docket Number:	3034392
Mail Control Number:	575785
License Number:	05-27559-01
Action Type:	Amendment

Amount: _____

Check No.: _____

Signed:

Colleen Murnahan

Date:

8-11-2011

1. Fee Category and Amount: _____

Amendment: _____

Renewal: _____

License:

3. OTHER _____

Signed:

Date: _____