

AABSYNTH PODIATRY GROUP

Ronald J. Strauss D.P.M.

Exton Professional Bldg.

319 N. Pottstown Pike (Rt 100) Exton, Pennsylvania 19341  
Telephone 215-524-1030

March 27, 1985

Attention: Marlene Taylor  
United States Nuclear  
Regulatory Commission  
Region I  
631 Park Avenue  
King of Prussia, PA 19406

Dear Marlene:

Thank you for your attention. I will try to straighten this out with you now.

Enclosed you will find a copy of a return receipt registered mail showing that the isotope was sent back to HealthMate, Inc. on November 26, 1984.

Enclosed also are copies of letters to HealthMate, Inc. from whom I bought the lixiscope by Dr. William E. Donahue. He is the one that bought the lixiscope from me. All letters are dated and copies. I hope this will answer all your inquiries. I know that you are sending me another questionnaire to fill out. I will do it also to the best of my ability. I have no offices in the State of Delaware at this time, I have no lixiscope, and just in case you are interested, at this point I do have a cold. I think I will go home now, have a cup of tea, and take a nap.

Very truly yours,

Ronald J. Strauss, D.P.M.

RJS:abs  
Enclosures

RECEIVED BY LFMB	
Date...	4/8/85
Leg...	April 3 I
By...	Brown
Orig. To...	
Action Compl.	4/10/85
Termination	

8505290609 850506  
REG1 LIC30  
07-20679-01 PDR

03618

FEE EXEMPT  
ML10

MAR 28 1985

"OFFICIAL RECORD COPY"

PS Form 3811, July 1963

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:

Health Mate Inc.  
3175 MacArthur Blvd.  
Northbrook, Ill. 60062  
Att. Ken Wiseman, Pres.

4. Type of Service:

- ☐ Registered ☒ Insured  
☐ Certified ☐ COD  
☐ Express Mail

Article Number

V027394654

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

11/26/84

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT