

LOCKHEED MARTIN

Medical Department, ROOM 119, TELEPHONE (215) 497-1408, FAX (215) 497-2850

December 21, 2004

**Nuclear Materials Safety Branch
Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415**

04 DEC 27 A7:39

RECEIVED
REGION 1

37-0206-09
03012894

To Whom It May Concern:

Effective 1/1/2005, Drs. Joseph & Maureen Matula of Matula Medical, P.C. will no longer be providing medical services at Lockheed Martin Commercial Space Systems-Newtown. In the past, correspondence from the NRC has been addressed to Dr. Joseph Matula at Newtown. Please remove DR. Matula from the distribution list. You may contact the RSO, Charlene McIntyre (215-497-1331) for an alternate addressee.

Sincerely,

Joseph J. Matula, DO, FAAFP

Cc: Clare LumKong, LM CSS-Newtown ESH lead
Russ Gaskins, LM CSS-Newtown, Director of HR & Security

136239

NSC/RGN MATERIALS-002

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

12/21/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ *NOTIFICATION 37-02006-09* 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** 136239.
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: 03620
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3E 2C 3M EX 2B
 : Exp. Date: 20131031
 : Fee Comments: _____
 : Decom Fin Assur Req'd: Y
 ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: LOCKHEED MARTIN COMMERCIAL
Received Date: 20041227
Docket No: 3012894
Control No.: 136239
License No.: 37-02006-09
Action Type: Notifications

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed M.A. Perkins
Date 4/6/05

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 _____