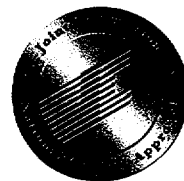




**Robert D. Russo, M.D.
and Associates
Radiology**
www.russomd.com

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P.O. Box 6128, Bridgeport, CT 06606

05 JAN 31 A8:29

January 25, 2005

Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, OPA 19406-1415

03022149

REFERENCE: **License #06-20957-01**
Facility Business Address Change

To Whom It May Concern:

Please change our business address to: **Robert D. Russo, M. D. and Associates, 917 Bridgeport Avenue, Shelton, CT 06484** from the address previously listed as Robert D. Russo, M.D. and Associates, 35 Nutmeg Drive, Trumbull, CT 06611.

The licensed material is still used and stored at Suite 103, 2660 Main Street, Bridgeport, CT 06606 as noted in Condition 10 of the license.

Thank you for your prompt attention to this matter.

Sincerely,

Robert D. Russo, M. D.
Radiation Safety Officer

RDR:mam

136381
NMSS/RGNI MATERIALS-002

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

11/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 06-20957-01
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** 136381.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ROBERT D. RUSSO, M.D. & ASSOCIATES
Received Date: 20050131
Docket No: 3022149
Control No.: 136381
License No.: 06-20957-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Robert Russo
Date 2/1/2005

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 _____