

**PHYSICIAN'S ALLIANCE LTD.
FEINBERG CARDIOLOGY & CRITICAL CARE
2135 NOLL DRIVE, SUITE D, LANCASTER, PA 17603
PHONE (717)735-8150 FAX (717)735-8152**

Thomas K. Thompson
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

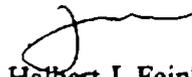
March 3, 2005

License No: 37-30854-01 *03036446*

Dear Mr. Thompson:

I have resigned from the practice of Feinberg Cardiology & Critical Care effective as of 3/31/2005. I will no longer be acting as RSO under this license. I am relocating.

Sincerely,



Halbert J. Feinberg, M.D., RSO

226 WILLOW LAKES DRIVE, SUITE D, WILLOW STREET, PA 17584

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

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

Amendment 37-30854-01 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** 136637.
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: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140131
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: FEINBERG CARDIOLOGY & CRITICAL CARE
 Received Date: 20050307
 Docket No: 3036446
 Control No.: 136637
 License No.: 37-30854-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS
 Signed *Alberca Juncal*
 Date 3/22/05

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 _____