

March 1, 2005

Mr. Mike Perkins Licensing Assistant U.S. Nuclear Regulatory Commission Division of Nuclear Materials Safety Region I 475 Allendale Road King of Prussia, PA 19406

Reference: Radioactive Materials License Number: 45-11519-02 03020154

Dear Mr. Perkins:

We would like to request that our radioactive materials license be amended to:

- 1. Change our physical address to 759 South Main Street, Woodstock, VA 22664. This is an administrative correction, as we have always been located at this address.
- 2. Change our mailing address to 759 South Main Street, Woodstock, VA 22664. We no longer have a post office box.

Please contact Roy F. Heltzel, Jr., our consulting physicist, at 757-410-9051, should further information be required.

Sincerely,

Floyd R. Heater

President

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SECTIVED

MSS/RGNI MATERIALS-002

This is to acknowledge the red	ceipt of your letter/application dated	
includes an administrative rev	, and to inform you that the initial processing which riew has been performed.	
	ve omissions. Your application was assigned to a note that the technical review may identify additional	
Please provide to this office	e 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 136731 When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.		
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader	

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Branch, ARM and Regional Licensing Sections	: : Program Code: 02121 : Status Code: 0 : Fee Category: 7C : Exp. Date: 20140131 : Fee Comments: CODE 23 : Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
APPLICATION ATTACHED Applicant/Licensee: SHENANDOAH MET Received Date: 20050314 Docket No: 3020154 Control No.: 136731 License No.: 45-11519-02 Action Type: Amendment	MORIAL HOSPITAL
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Date	Religione Junos
B. LICENSE FEE MANAGEMENT BRANCH (Chec	k when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3. OTHER	
Signed	

Date