



APR 06 2005

Front Range Mobile Imaging

804 West Lincolnway
Cheyenne, WY 82001
TEL 307.637.4199
FAX 307.637.4315

March 28th, 2005

U.S. NRC Region IV
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011

To Whom It May Concern:

I would like to request that my last name be changed as Radiation Safety Officer on our NRC Radioactive Materials License 49-27531-01. Please change my previous last name of Martinez to Johnson. Attached is a copy of my marriage license to document the change in my name.

If you have any further questions please feel free to contact me at (307) 631-1570 or by email at valeriej@frmiinc.com.

Sincerely,

Valerie Johnson

Valerie Johnson CNMT, RT(R)(N)
Radiation Safety Officer

4 7 0 4 9 7

*Laramie County Clerk
Debra K. Lathrop*

*State of Wyoming
County of Laramie*

CERTIFICATION

*I, Debra K. Lathrop, Clerk and Recorder of Laramie County, do hereby certify
that the attached is a full, true and correct photocopy of a _____*

MARRIAGE LICENSE ISSUED TO MATTHEW RYAN JOHNSON AND VALERIE LYNN MARTINEZ

WHO WERE MARRIED ON MARCH 19, 2005.

recorded with Reception Number 10471

recorded in Book 188 *Page* _____.

In testimony whereof, I have hereunto set my hand and Official Seal

this 21 *Day of* MARCH, 2005.

*Debra K. Lathrop
Clerk of Laramie County*



By: _____

Deputy County Clerk

Commission expires January 1, 2007

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DATE

This is to acknowledge the receipt of your letter/application dated 3-28-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

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 470497.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Coleen Murnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

Program Code: 02220
Status Code: 0
Fee Category: 7C
Exp. Date: 20110630
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED FRONT RANGE MOBILE IMAGING, INC.
Applicant/Licensee: 20050406
Received Date: 3033968
Docket No: 470497
Control No.: 49-27531-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

Signed 
Date 11/7/05

3. COMMENTS

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 _____