

LICENSE STATUS CHANGE CONTROL

(For Terminated, Expired & Retired Licenses)

License No.	31-30746-01	Docket No.	03036064
Licensee:	Megarad, Inc.	Expiration Date:	20090331
Address:	417 East 64 th Street, New York, NY 10021	Mail Control No.	137644
Licensee Contact:	Dr. Crihan	Date of Contact:	9/9/2005
Title of Contact:	President	Telephone No.	212-472-0840

Basis for termination or retirement:

Never possessed material. License Condition 13 on initial license required termination if no use within 24 months.

Verification:

(1) Form 314 or Equivalent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) L/N _____ has received material and is authorized for it	Yes	<input type="checkbox"/>	No	<input style="font-size: 2em; vertical-align: middle; text-align: center;" type="checkbox"/> N A
(3) Close-out survey by licensee required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(4) Close-out survey by NRC required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(5) NRC Close-out survey performed and approved by Branch Chief	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Action to be taken:

(1) Retire/Terminate license	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(2) Change to Status "4" in LTS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(3) Remove from the Materials Docket room after <u>6 months</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
(4) L/N _____ replaced/supersedes L/N _____	Yes	<input type="checkbox"/>	No	<input style="font-size: 2em; vertical-align: middle; text-align: center;" type="checkbox"/> N A

Kathy Modes 9/9/2005

License Reviewer Approval & Date: _____

Branch Chief Approval & Date: _____

LAT Initials & Date entered into LTS: _____

/ Box if
Status "4"
Verified

cc: Expired License No. _____
New License No. _____

S.Villar, RI

URGENT Submit Pkg to DPC: Yes No E:\Filenet\ML052570338.wpd