

**LICENSE AMENDMENT REQUEST**

Company: Shared Medical Technology

License No. 48-17543-01

Address: 202 West Newton Street

Docket No. 030-12948

City, State: Rice Lake, WI 54868

Zip Code: 54868

**Please check one of the following options:**

☒ We have reviewed our current license and have determined that we need to maintain both an NRC license and a Minnesota license. We therefore request that our existing NRC license be amended to remove authorization for use of material in Minnesota, and that the NRC issue us a new license for work activities in Minnesota only. We understand that these licensing actions will become effective on the date the Agreement is signed by the NRC and the State of Minnesota, and that our new license will then be transferred to Minnesota. We further understand that we will be assessed annual fees to maintain the NRC license.

☐ We have reviewed our current license and no longer find it necessary for authorization to conduct licensed activities in NRC-regulated states, and therefore request that our existing NRC license be amended to authorize the use of material only in the State of Minnesota. We request that this be effective on the date the Agreement between the NRC and State of Minnesota is signed. We understand that upon the effective date of the Agreement between the NRC and State of Minnesota, we will be licensed by Minnesota to conduct work at temporary job sites in the State and as such, must file a NRC Form 241 (reciprocity) prior to performing any work in NRC jurisdiction (non-Agreement States) or in areas of Exclusive Federal Jurisdiction within an Agreement State.

Date: 2/15/06

David L. Ricci Vice President  
Name (please print or type) and Title of Authorized Company Representative

David L. Ricci  
Signature of Authorized Company Representative

RECEIVED FEB 21 2006