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**LICENSE AMENDMENT REQUEST**

Company:	<u>Medtronic, Inc</u>	License No.	<u>SNM-1156</u>
Address:	<u>7000 Central Ave N.E.</u>	Docket No.	<u>070-01209</u>
City, State:	<u>Minneapolis, MN</u>		
Zip Code:	<u>55437</u>		

**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: March 2, 2006

Keith Holloman, Radiation Safety Officer  
Name (please print or type) and Title of Authorized Company Representative

Keith Holloman  
Signature of Authorized Company Representative

In section 10. B.

Strike seven and state licensee is authorized to store Model 9000 IPGy at each of the Licensee's district offices.



*When Life Depends on Medical Technology*

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**Fax Cover Sheet**

To: **Toye Simons**  
Phone: 630-505-7230  
Fax: 630-829-9782

From: **Keith Holloman**  
Company: **Medtronic, Inc.**  
**CRM Clinical Research**  
Phone: 763-505-7291  
Fax: 763-505-7230  
Date: **March 2, 2006**  
Pages including this cover page: **2**

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Dear Ms. Simons:

Per your instruction please find enclosed the License amendment request for the Medtronic Inc license No SNM-1156.

Please contact me with any questions.

Keith Holloman, RSO  
Medtronic, Inc.