



DIAGNOSTIC RADIOLOGY

RADIATION THERAPY

DIAGNOSTIC RADIOLOGISTS

- D.R. WIERDA, M.D.
V.A. DZINTARS, M.D.
T.M. CINK, M.D.
T.E. MASTERSON, M.D.
A.I. SOYE, M.D.
G.L. FAMESTAD, M.D.
C.L. STOKKA, M.D.
M.J. KIHNE, M.D.
R.L. WELTER, M.D.
T.W. FREE, D.O.
R.A. NELSON, M.D.
B.A. PAULSON, M.D.
J.J. BAKA, M.D.
E.J. CZARNECKI, M.D.
S.M. DUFFEK, M.D.
D.L. CROSSBY, M.D.
D.C. RIFE, M.D.
T.D. YEAGER, M.D.
D.W. BEAN, M.D.
J.R. ALPERS, M.D.
S. CHOUDHRY, M.D.
C.E. FLOHR, M.D.
R.J. SCHMALL, M.D.
C. GREGORY, M.D.
M.T. PARDY, M.D.
M.R. CASEY, M.D.
M.S. HELGESON, M.D.

RADIATION ONCOLOGISTS

- K.R. ERICKSON, M.D.
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K.L. SCHNEEKLOTH, M.D.
S.C. McGRAW, M.D.

OUTREACH RADIOLOGISTS

- W.P. PANNING, M.D.

ADMINISTRATION

- G.L. LARSON

MEDICAL PHYSICS

- C. CARVER, M.S.
J. MASTEN, M.S.
R. MASSOTH, Ph.D.
C. OSMER, Ph.D.

Medical X-Ray Center
1417 S. Minnesota
Sioux Falls, SD 57105
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Fax (605) 336-0812
1-800-473-0271
www.medx-ray.com

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FAX COVER LETTER

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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TO: JACQUELINE COOK DATE: 2-8-08
DEPARTMENT: NUCLEAR MED. LICENSING BRANCH FAX #: 1-817-860-8263
FROM: C. CARVER MXC FAX# 605/336-0812
NUMBER OF PAGES: 6 MXC PHONE # 605/336-0515
NUMBER OF PAGES: 5 (EXCLUDING COVER LETTER)

COMMENTS:

FAXED BY: TIME SENT: AM/PM

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February 7, 2008

Via FAX 1.817.860.8263

U.S. Nuclear Regulatory Commission, Region IV
 Nuclear Materials Licensing Branch
 Attn: Jacqueline D. Cook
 611 Ryan Plaza Drive, Suite #400
 Arlington, TX 76011

Dear Ms. Cook:

We would like to request an amendment to our NRC Matcials License #40-27480-01 to change the name of one of our Authorized Medical Physicists. Attached please find the name change documentation for Christina Plies, M.S., who was married and has changed her name to Christina Plies Osmer, M.S., effective January 3, 2006. During an internal audit and licnsc review, we discovered that the necessary documentation was prepared for the NRC, but we found that it was not submitted in the intended timely manner. We wish to take this opportunity to update our license.

Thank you for your kind and prompt attention to this matter. Do not hositate to contact me if there are any questions at 605-336-0515.

Sincerely,

John D. Griffin M.D.

John M. Griffin, M.D.
 Radiation Safety Officer
 Board Member and Partnrc, Medical X-Ray Cnter, P.C.

- Attachments: (1) Letter from Christina Osmer announcing name change;
 (2) Copy of California marriage licensc for Christina Osmer;
 (3) Copies of new Social Security and SD Drivers license cards for Christina Osmer.

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February 28, 2006

To Whom It May Concern:

This letter is to inform you that as of January 3, 2006, my legal name changed from Christina Renee Plies to Christina Plies Osmer. Please update necessary records.
 Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christina Plies Osmer', written over a faint, larger version of the same signature.

Christina Plies Osmer
 Medical Physicist
 Medical X-Ray Center, PC

LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER		MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS				LOCAL REGISTRATION NUMBER	
GROOM PERSONAL DATA	1A. NAME OF GROOM - FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH - MONTH, DAY, YEAR		
	TREVOR	STEWART	OSMER				
	3A. RESIDENCE - STREET AND NUMBER	3B. CITY	3C. ZIP CODE	3D. COUNTY - OUTSIDE CALIFORNIA, ENTER STATE		4. STATE OF BIRTH	
	R	SIoux FALLS	57103	SOUTH DAKOTA			
	5. MAILING ADDRESS - IF DIFFERENT	6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY:		7B. DATE - MONTH, DAY, YEAR		
	0	<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT					
6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY			8. EDUCATION - YEARS COMPLETED			
LAW ENFORCEMENT	GOVERNMENT			16			
10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
	CALIFORNIA	S		CALIFORNIA			
BRIDE PERSONAL DATA	12A. NAME OF BRIDE - FIRST (GIVEN)	12B. MIDDLE	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)		
	CHRISTINA	RENEE	PLIES				
	14A. RESIDENCE - STREET AND NUMBER	14B. CITY	14C. ZIP CODE	14D. COUNTY - OUTSIDE CALIFORNIA, ENTER STATE		15. STATE OF BIRTH	
		SIoux FALLS	57103	SOUTH DAKOTA		I	
	16. MAILING ADDRESS - IF DIFFERENT	17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY:		18B. DATE - MONTH, DAY, YEAR		
	0	<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT					
18A. USUAL OCCUPATION	18B. USUAL KIND OF BUSINESS OR INDUSTRY			20. EDUCATION - YEARS COMPLETED			
MEDICAL PHYSICIST	MEDICINE			22			
21A. FULL NAME OF FATHER	21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH			
		S					
AFFIDAVIT	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.						
	23. SIGNATURE OF GROOM			24. SIGNATURE OF BRIDE			
LICENSE TO MARRY	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.						
	26A. ISSUE DATE MONTH, DAY, YEAR	26B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR	29C. LICENSE NUMBER		26D. COUNTY OF ISSUE		
10/05/2005	01/03/2006	05-0003557-00		CONTRA COSTA			
27A. SIGNATURE OF WITNESS			27B. ADDRESS - STREET AND NUMBER				
			720 City Park Ave #211 Fort Collins, CO 80521				
27A. SIGNATURE OF WITNESS			27B. ADDRESS - STREET AND NUMBER				
			107 Caribou Drive Columbia MO 65201				
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA			29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION (IF CLERGY)	
	ON <u>October 8</u> 2005					Lutheran ELCA	
	AT <u>Sanoma Parana</u> CALIFORNIA			29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		29D. OFFICIAL TITLE	
				Paul H Meessner		Pastor	
30A. SIGNATURE OF LOCAL REGISTRAR			30B. SIGNATURE OF DEPUTY (IF APPLICABLE)		31. DATE ACCEPTED FOR REGISTRATION		

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE 4-2005-07 003491

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF GROOM - FIRST (GIVEN) TREVOR		1B. MIDDLE STEWART		1C. LAST (FAMILY) OSMER		2. DATE OF BIRTH - MONTH, DAY, YEAR	
3A. RESIDENCE - STREET AND NUMBER		3B. CITY		3C. ZIP CODE		3D. COUNTY - OUTSIDE CALIFORNIA	
4. STATE OF BIRTH		5. NUMBER OF PREVIOUS MARRIAGES 0		7A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		7B. DATE - MONTH, DAY, YEAR	
6. MAILING ADDRESS - IF DIFFERENT		8A. USUAL OCCUPATION LAW ENFORCEMENT		8B. USUAL KIND OF BUSINESS OR INDUSTRY GOVERNMENT		9. EDUCATION - YEARS COMPLETED 16	
10A. FULL NAME OF FATHER		10B. STATE OF BIRTH CALIFORNIA		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	

12A. NAME OF BRIDE - FIRST (GIVEN) CHRISTINA		12B. MIDDLE RENEE		12C. CURRENT LAST (FAMILY) PLEES		12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)	
13A. RESIDENCE - STREET AND NUMBER		13B. CITY		13C. ZIP CODE		13D. COUNTY - OUTSIDE CALIFORNIA	
14. STATE OF BIRTH		15. NUMBER OF PREVIOUS MARRIAGES 0		16A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		16B. DATE - MONTH, DAY, YEAR	
17. MAILING ADDRESS - IF DIFFERENT		18A. USUAL OCCUPATION MEDICAL PHYSICIST		18B. USUAL KIND OF BUSINESS OR INDUSTRY MEDICINE		19. EDUCATION - YEARS COMPLETED 22	
20A. FULL NAME OF FATHER		20B. STATE OF BIRTH		21. FULL MAIDEN NAME OF MOTHER S		22. STATE OF BIRTH	

WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF GROOM *Trevor Stewart Osmer* 24. SIGNATURE OF BRIDE *Christina Renee Plee*

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE MONTH, DAY, YEAR 10/05/2005	25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR 01/03/2006	25C. LICENSE NUMBER 05-0003557-00	25D. COUNTY OF ISSUE CONTRA COSTA
26. NAME OF COUNTY CLERK STEPHEN L. WEIR		27. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE) <i>Trina M. Dukes</i>	

28A. SIGNATURE OF WITNESS <i>Jana F. Valdez</i>	28B. ADDRESS - STREET AND NUMBER 720 City Park Ave # 211	28C. CITY, STATE AND ZIP CODE Fort Collins, CO 80521
29A. SIGNATURE OF WITNESS <i>Buddy Dukes</i>	29B. ADDRESS - STREET AND NUMBER 107 Caribou Drive	29C. CITY, STATE AND ZIP CODE Columbia, MO 65201

28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA

29. DATE ON October 8 2005	30A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>Paul W. Moessner</i>	30B. RELIGIOUS DENOMINATION OF CLERGY Lutheran ELCA
AT Sanoma	30C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) Paul W. Moessner	30D. OFFICIAL TITLE Pastor
CITY OR TOWN COUNTY CALIFORNIA	30E. MAILING ADDRESS 914 West Blvd., Columbia MO 65203	30F. ZIP CODE

31A. SIGNATURE OF LOCAL REGISTRAR STEPHEN L. WEIR	31B. SIGNATURE OF DEPUTY (IF APPLICABLE) <i>Sharon</i>	31. DATE ACCEPTED FOR REGISTRATION OCT 20 2005
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State of California, Department of Health Services, Office of State Registrar



CERTIFIED COPY OF VITAL RECORDS

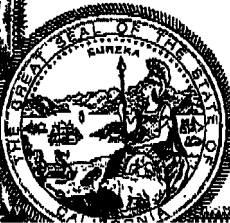
STATE OF CALIFORNIA } SS
COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

Stephen L. Weir
CONTRA COSTA COUNTY RECORDER

ATTEST: *Godfrey*
DATE ISSUED: *10/20/05*

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.



ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Medical X-Ray Center, P.C. **License No.:** 40-27480-01
Docket No.: 030-33334 **Mail Control No.:** 471665
Type of Action: Notify **Date of Requested Action:** 02-08-08
Reviewer Assigned: **ARM reviewer(s):** Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ **Date:** _____

- Yes No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
 Yes No Termination request < 90 days from date of expiration
 Yes No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
 Yes No TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or HP's Initials: JC **Date:** 2/12/08

2-13-08
DATE

This is to acknowledge the receipt of your letter/application dated 2-7-08, 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 — 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** 471665.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Licensing Assistant

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150131
: Fee Comments:
: Decom Fin Assur Reqd: N
:

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEDICAL X-RAY CENTER, P.C.
Received Date: 20080208
Docket No: 3033335
Control No.: 471665
License No.: 40-27480-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Calvin Murnahan
Date 2-12-08

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 _____