

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH



NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892 FAX: (630) 515-1078

TELECON & FAX TRANSMITTAL

TO: \_\_\_\_\_ File \_\_\_\_\_

COMPANY: \_\_\_\_\_ N/A, see below \_\_\_\_\_

# PAGES: \_\_\_\_\_ N/A \_\_\_\_\_ TEL.: \_\_\_\_\_ N/A \_\_\_\_\_

FAX #: \_\_\_\_\_ N/A \_\_\_\_\_

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**CONVERSATION RECORD**

		TIME	DATE
		10:30 am	November 24, 2010
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION	
Sharon Updike	(734) 662-3197	"MPCPhysics.com"	
REPRESENTED PERSON or PERSONS		ORGANIZATION	
Joel Kimelman, D.O. (RSO)		Midwest Health Center	
SUBJECT			
License No. 21-26168-01		Control No.: 573803	

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**SUMMARY**

We have reviewed your requesting amendment request and found that we were unable to continue this action until we received information regarding the following:

- (1) On page 2 of your letter, the signature is unclear as to the name of the person submitting the request. Per discussions, you have indicated the signature belongs to **Mark Saffer, Chief Executive Officer**.
- (2) In your letter, page 1, the requested new mailing address & location of use is listed as 4700 Schaefer. The current license allows use at 5050 Schaefer. However, the letter lists the street name as Schaefer Rd. As discussed, **Schaefer Rd.** would also be appropriate for both mailing address and locations of use.
- (3) Your letter, page 1, indicated that no PET is used at this time. Per our discussion, there are no near-future plans to use in PET. Note that additional information may be required, should your plans change.
- (4) As discussed, please note that the license expires on April 30, 2011.
- (5) We have requested, and you have submitted, the referenced name and title of the official submitting this license amendment request – via phone, to (630) 829-9892. Please reference Control No. 573803, as listed at the top of this memo. No further action is required at this time.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

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Please direct any questions you have to me at (630) 829-9892 or [sara.forster@nrc.gov](mailto:sara.forster@nrc.gov).

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Sara A.B. Forster	<i>Sara A.B. Forster</i>	11/24/2010

*Steve Simon* 11/30/10