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(Pleas	(Flease read the instructions before completing this form)					NRC may not conduct or sponsor, and a person is not required respond to, the information collection.			
T. NAME OF LICEN	DF LICENSEE (Person or firm proposing to conduct the ectivities described below)					2. TYPE OF REPORT			
\$.K.	McBryde	, Inc.				INITIAL	🗌 RE	VISIO	N X CLARIFICATION
3. ADDRESS OF U	ENSEE (Mailing	address or other location wi	tere licensee may b	e localed)		4. LICENSEE CONT	ACT AND TITL	E	
8646 Wes Suite #1	t Market 16	: Street	P.O. Box Colfax,			James E.			_
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