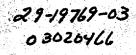
PNC Bank, National Association Trade Service Operations 3rd Floor 500 First Avenue Pittsburgh, PA 15219 Mail Stop: P7-PFSC-03-T

김 아파는 일종 관계 관계 관계 관계 관계

Telex: 866533 Swift: PNCCUS33 Answerback: Firstbank Pgh Telephone: 1-800-682-4689



OPNCBAK

DATE: NOVEMBER 09, 2004

BENEFICIARY: U.S. NUCLEAR REGULATORY COMISSION WASHINGTON DC 20555 APPLICANT: ISOMEDIX OPERATIONS INC. ATTN: DAWN LUCHOWSKI 5960 HEISLEY ROAD MENTOR OH 44060-1834

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE: AMENDMENT NUMBER:

WE HEREBY AMEND OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER AS FOLLOWS:

THE EXPIRY DATE IS NOW TO READ: NOVEMBER 10, 2005.

THIS AMENDMENT RESCINDS OUR NON-EXTEND NOTICE DATED AUGUST 5, 2004 AND THIS LETTER OF CREDIT WILL CONTINUE TO AUTOMATICALLY EXTEND AS PROVIDED FOR THEREIN.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

PNC BANK, NATIONAL ASSOCIATION

GLOBAL TRADE SERVICE OPERATIONS

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Page 1 of 1

136012

This is to acknowledge the receipt of your letter/application dated

November 9, 2007, and to inform you that the initial processing which includes an administrative review has been performed.

There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information. Financial Assurance.

Please provide to this office within 30 days of your receipt of this card

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 <u>136012</u>. When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96) Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE)
	: INFORMATION FROM LTS
BETWEEN:	
	:
License Fee Management Branch, ARM	: Program Code: 03521
and	: Status Code: 2
Regional Licensing Sections	: Fee Category: 3G
-	: Exp. Date: 20040831
	: Fee Comments: 3E DEL 11/99
	: Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

- A. REGION
- 1. APPLICATION ATTACHED

Applicant,	Licensee:	ISOMEDIX	OPERATIONS,	INC.
Received I	Date:	20041122		
Docket No:	:	3020466		
Control No	».:	136012		
License No	».:	29-19769-03		
Action Typ	be:	Fin. Assu	urance	

- 2. FEE ATTACHED Amount: Check No.:
- 3, COMMENTS

Signed Date 11/24/04

- B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)
- 1. Fee Category and Amount: _____
- Correct Fee Paid. Application may be processed for: Amendment
 - Renewal ______
- 3. OTHER

Signed ______ Date ______