

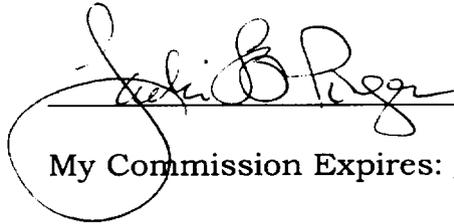
**Letter of Acknowledgment**

STATE OF VERMONT

To Wit: \_\_\_\_\_

CITY OF Brattleboro

On this 18<sup>th</sup> day of March, 2005, before me, a notary public in and for the city and State aforesaid, personally appeared James G. Steproe, and he did depose and say that he is the Vice President of Banknorth, N.A., Trustee, which executed the above instrument; that he knows the seal of said association; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the association; and that he signed his name thereto by like order.

  
My Commission Expires: 2/10/07

**JACKI PINGER, Notary Public**  
**My Commission Expires February 10, 2007**

RECEIVED  
REGION 1  
05 MAR 24 09:43

136664  
NMSS/RGNI MATERIALS-002

**A.17.7 Model Specimen Certificate of Resolution**

I, \_\_\_\_\_, do hereby certify that I am Secretary of [*insert name of licensee*], a [*insert State of incorporation*] corporation, and that the resolution listed below was duly adopted at a meeting of this Corporation's Board of Directors on \_\_\_\_\_, 20\_\_\_\_.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the seal of this Corporation this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Secretary

RESOLVED, that this Board of Directors hereby authorizes the President, or such other employee of the Company as he may designate, to commence decommissioning activities at [*insert name of facility*] in accordance with the terms and conditions described to this Board of Directors at this meeting and with such other terms and conditions as the President shall approve with and upon the advice of Counsel.

APPENDIX A

**A.17.6 Model Specimen Certificate of Events**

[Insert name and address of trustee]

Attention: Trust Division

Gentlemen:

In accordance with the terms of the Agreement with you dated \_\_\_\_\_, I, \_\_\_\_\_, Secretary of [insert name of licensee], hereby certify that the following events have occurred:

1. [Insert name of licensee] is required to commence the decommissioning of its facility located at [insert location of facility] (hereinafter called the decommissioning).
2. The plans and procedures for the commencement and conduct of the decommissioning have been approved by the United States Nuclear Regulatory Commission, or its successor, on \_\_\_\_\_ (copy of approval attached).
3. The Board of Directors of [insert name of licensee] has adopted the attached resolution authorizing the commencement of the decommissioning.

\_\_\_\_\_  
Secretary of [insert name of licensee]

\_\_\_\_\_  
Date

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

3/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Financial Assurance 44-30912-01  
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.

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

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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** 1366664.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 03214  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 3N 2C 1D  
 : Exp. Date: 20141130  
 : Fee Comments: DECON/SVC  
 : Decom Fin Assur Reqd: Y  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: R.O.V. TECHNOLOGIES, INC.  
 Received Date: 20050324  
 Docket No: 3036563  
 Control No.: 136664  
 License No.: 44-30912-01  
 Action Type: Fin. Assurance

2. FEE ATTACHED

Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS

Signed Rebecca Jund  
 Date 3/28/2005

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 \_\_\_\_\_