

JPMorgan Chase Bank, N.A.
Global Trade Services
One Bank One Plaza
Mail Code IL1-0236
Chicago, IL 60670
Tel: (800) 634-1969 Fax: (312) 954-0203
SWIFT: FNBCUS44
Telex: ITT4330253 FNBCUI

DATE : April 18, 2005

J-8

NOTICE OF ELECTION NOT TO EXTEND

BENEFICIARY:
U.S. NUCLEAR REGULATORY COMMISSION
REGION II
MATERIALS LICENSING/INSPECTION BRANCH
SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET, SW , SUITE 23T85
ATLANTA , GEORGIA 30303-8931

52-21175-01
03019882

APPLICANT:
BAXTER HEALTHCARE CORPORATION
OF PUERTO RICO
P.O. BOX 1389
ALBONITO, PUERTO RICO 00705

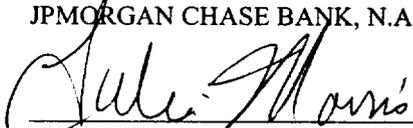
RE: OUR STANDBY LETTER OF CREDIT NO. [REDACTED] PRESENTLY FOR AN AMOUNT OF USD \$ 75,000.00 ISSUED IN YOUR FAVOR FOR THE ACCOUNT BAXTER HEALTHCARE CORPORATION OF PUERTO RICO.

PLEASE BE ADVISED THAT IN ACCORDANCE WITH THE LETTER OF CREDIT TERMS WE HAVE ELECTED NOT TO EXTEND THE LETTER OF CREDIT FOR ANY ADDITIONAL PERIOD BEYOND ITS PRESENT EXPIRATION DATE. WE HEREBY SERVE NOTICE THAT THE REFERENCED LETTER OF CREDIT WILL EXPIRE ON **JULY 31, 2005** WITH OUR CLOSE OF BUSINESS AT 300 SOUTH RIVERSIDE PLAZA, 7TH FLOOR, MAIL CODE IL1-0236, CHICAGO, ILLINOIS, 60606-0236, STANDBY LETTER OF CREDIT UNIT. ANY DRAWING RECEIVED AFTER **JULY 1, 2005** WILL BE REFUSED.

PLEASE RETURN THE ORIGINAL LETTER OF CREDIT AND ALL AMENDMENTS UPON EXPIRATION. FAILURE TO RETURN THE ORIGINAL LETTER OF CREDIT AND AMENDMENTS WILL HAVE NO EFFECT AND OUR LETTER OF CREDIT WILL BE CONSIDERED EXPIRED.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT STANDBY CUSTOMER SERVICE AT (800) 634-1969, OPTION 1.

YOURS VERY TRULY,
JPMORGAN CHASE BANK, N.A.



AUTHORIZED SIGNER



AUTHORIZED SIGNER

CC:
BAXTER HEALTHCARE CORPORATION
OF PUERTORICO
P.O. BOX 1389
ALBONITO, PUERTO RICO 00705

05
APR 25 410:26
RECEIVED
REGION I

136897

NMCC/RQHI MATERIALS-002

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

4/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

FINANCIAL ASSISTANCE 52-2175-01
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

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 136897.
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: 03521
 and : Status Code: 2
 Regional Licensing Sections : Fee Category: 3G
 : Exp. Date: 20050228
 : Fee Comments: _____
 : Decom Fin Assur Reqd: Y
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: BAXTER HEALTHCARE CORPORATION
 Received Date: 20050425
 Docket No: 3019882
 Control No.: 136897
 License No.: 52-21175-01
 Action Type: Fin. Assurance

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed M. A. Carlson
 Date 4/25/05

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 _____