R120102I LICENSING TRACKING SYSTEM DATE: 20071024
PAGE: 1

LTS WORKSHEET

DOCKET NO : 03037567 LICENSE NO : 24-32675-02E STATUS: 3

MAIL CONTROL: 022637 RECEIPT DATE : 20071024 ACTION TYPE: 2
DUE DATE : 20080122

FED. GOVT : C INST. CODE : 32675 LICENSE REGION: 0

ISSUE DATE: 20071102 ORIGINAL DATE: 20071102 EXPIRATION DATE: 20171130

NAME : IDEAL SOURCE QUALITY ASSURANCE LLC DECOM FIN ASSUR REQD: N
SUBM: _

DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _

BUILDING : _____

STREET : 1309 OVERHILL CT

CITY : COLUMBIA STATE: MO ZIP:

CONTACT PERSON: WILLIAM B. YELON PHONE (b)(6) Exemption 6

PRIMARY PGM CODE : 03250 SECONDARY PGM CODES: _____

INSPECTION REGION: 3 PRIORITY CODE: 5 INSPECTION CATEGORY: E2

RADIATION SAFETY OFFICER: William Yelon

RSO PHONE (b)(6) Exemption 6 RSO FAX NUMBER: N/A

RSO EMAIL ADDRESS: yelonw@umr.edu

STATES WHERE USE IS AUTHORIZED: 1
0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES

AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS GRANTED : _____

EXEMPTIONS REQUESTED: _____

EXEMPTIONS DENIED : _____

6/6

Information in this record was deleted in accordance with the Freedom of Information Act. Exemptions 6
FOIA/PA
2008-0001

NAME AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: 4, Suite 201
ROOM:
STREET: 409 Vandiver
CITY: Columbia
STATE: MO 65202
INSPECTION DATE: INSPECTION DATE:

BUILDING:
ROOM:
STREET:
CITY:
STATE:
INSPECTION DATE: INSPECTION DATE:

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ROOM:
STREET:
CITY:
STATE:
INSPECTION DATE: INSPECTION DATE:

[redacted]

R1201021 LICENSING TRACKING SYSTEM DATE: 20070723
PAGE: 1

LTS WORKSHEET

DOCKET NO : 03037518 LICENSE NO 24-32664-01E STATUS: 3

MAIL CONTROL: 022617 RECEIPT DATE : 20070723 ACTION TYPE: 2
DUE DATE : 20071021

FED. GOVT : C INST. CODE : 32664 LICENSE REGION: 0

ISSUE DATE: 20071102 ORIGINAL DATE: 20071102 EXPIRATION DATE: 20171130

NAME : IDEAL SOURCE INTERNATIONAL LLC DECOM FIN ASSUR REQD: N
SUBM: _

DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: _

BUILDING : _____

STREET : 55 WEST 39TH ST. 17TH FLOOR

CITY : NEW YORK STATE: NY ZIP:

CONTACT PERSON: WILLIAM B. YELON PHD PHON

(b)(6)

Exempt

Change to Ideal Source QA in Columbia, MO.

PRIMARY PGM CODE : 03250 SECONDARY PGM CODES: _____

INSPECTION REGION: 1 PRIORITY CODE: 5 INSPECTION CATEGORY: E2

RADIATION SAFETY OFFICER: William Yelon

RSO PHONE: Same as Contact RSO FAX NUMBER: N/A

RSO EMAIL ADDRESS: Yelonw@umr.edu

STATES WHERE USE IS AUTHORIZED: 1
0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES

AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS GRANTED : _____

EXEMPTIONS REQUESTED: _____

EXEMPTIONS DENIED : _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: IDEAL SOURCE INTERNATIONAL LLC
   Received Date: 20070723
   Docket No: 3037518
   Control No.: 22617
   License No.:
   Action Type: New Licensee

2. FEE ATTACHED
   Amount: $8,700.00
   Check No.: 1926

3. COMMENTS

Signed Linda Eusebio
Date 7/23/07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____

Signed _____
Date _____