

561 W. Rincon Street  
Corona, CA 92880  
Phone: (951) 278-3520  
Fax: (951) 278-2032

**Clear Path Technologies, Inc.**

**RECEIVED**

SEP 30 2008

**Fax**

**DNMS**

**To: Roberto Torres**

**From: Roger Spillmann**

**Co.**

**Fax: 817-860-8263**

**Date : 9-30-08**

**Pages: 3 including cover**

**Re: Change Status Form**

**CC:**

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Please contact me with any questions.

Best regards,

Roger

04-29234-01  
030-37298

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p.2

LICENSE # 04-29234-01

SEP 30 2008

**DNMS**Information Required for Change of Control and/or Change of Ownership  
(to include a name change)

Source: NUREG-1556, Volume 15

**Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.**

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction: LICENSEE ASSETS PURCHASED BY OFFICERS (NIGHT OF LICENSEE, NAME CHANGED TO BELOW. RSO AND STAFF SAME, W/O MATERIAL EFFECT TO USE AND POSSESSION.

B. ☐ No name change

☒ New name of licensed organization: CLEAR PATH TECHNOLOGIES, INC.  
561 W. ZINCON ST. CORONA, CA 92880

C. ☒ No change in contact

☐ New contact: \_\_\_\_\_

☐ New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. ☒ No changes in personnel having control over licensed activities.

☐ Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. ☐ No changes in personnel named in the license.

☒ Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

ADDITION OF TSUEY FEN CHUANG, PHD AS ADDITIONAL/  
SUPPLEMENTAL RSO (PRINCIPAL RSO - ALEX VAUCHER, PHD)

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

☒ Organization: ASSETS PURCHASED BY HIST ACQUISITION, LLC  
CHANGED NAME TO CLEAR PATH TECHNOLOGIES, INC.

☐ Equipment:

☒ Location: MOVED FACILITIES TO  
"561 W. ZINCON ST, CORONA, CA 92880

☐ Procedures:

☒ Facility: TESTING FACILITY APPROVED BY CA STATE DEPT OF HEALTH.

☐ Not applicable

In 471970

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**DNMS**

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: ALL PROCEDURES HAVE BEEN MAINTAINED AND REVIEWED / CERTIFIED BY CALIFORNIA DEPT OF HEALTH AND SAFETY, LICENSED W/ STATE - NO. 7127-33 IN GOOD STANDING.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ Yes      [ ] No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

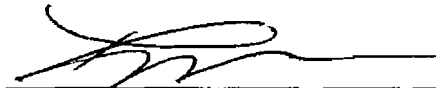
Records transferred to:


[ ] New licensee      [ ] NRC for license termination      ☒ Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

CLEAR PATH TECHNOLOGIES, INC. will abide by all constraints, conditions, requirements and commitments of HEXERGY TECHNOLOGIES, INC.

(transferee company) (transferor company)

  
Signature/Title ROGER SPILLMANN  
Transferee Official PRES / CEO  
9/28/08  
date


  
Signature/Title ROGER SPILLMANN  
Transferor Official CEO  
9/28/08  
date

OR

[ ] Description of proposed licensed program from transferee attached (with signature)

OR

[ ] Not applicable (name change only)

  
Certifying Officer - Signature  
ROGER SPILLMANN - CEO  
Certifying Officer - Typed name and title

9/28/08  
Date

No 471870

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Clear Path Technologies, Inc. **License No.:** 04-29234-01  
**Docket No.:** 030-37298 **Mail Control No.:** 471970  
**Type of Action:** Amend **Date of Requested Action:** 09-30-08  
**Reviewer Assigned:** **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.  
☐ Yes ☐ No Termination request < 90 days from date of expiration  
☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)  
☐ Yes ☐ No TAR needed to complete action.

**Branch Chief's and/or HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

OCT - 8 2008

**Branch Chief's and/or HP's Initials:** FITZ **Date:** \_\_\_\_\_

OCT - 8 2008

DATE

This is to acknowledge the receipt of your letter/application dated 9-30-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 471970.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Murnahan*

Licensing Assistant

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 03620  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 3M  
 : Exp. Date: 20160630  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: CLEAR PATH TECHNOLOGIES, INC.  
Received Date: 20080930  
Docket No: 3037298  
Control No.: 471970  
License No.: 04-29234-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.:       /

3. COMMENTS

Signed Colleen Murashan  
Date 10-01-08

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 \_\_\_\_\_