

Cynthia Pederson
Kenneth O'Brien
U.S. Nuclear Regulatory Commission
Region III-Office of the Regional Administrator

October 16, 2009

As agreed, Magna Chek Inc. has established an escrow account in the amount of \$25,000 to begin covering the eventual disposal of all radioactive sources in its possession. The account was opened with the People's State Bank and a transfer of \$1,000 will be made into the account every month on the tenth day of the month. NRC will be provided with statements for this account every six months or as requested by NRC until the completed disposal of the sources.

Magna Chek will cooperate fully with the Department of Energy and/or the Conference of Radiation Control Program directors (CRCPD) to dispose of the sources.

Sincerely

A handwritten signature in black ink, appearing to read 'Waleed L. Hijazin', is written over a horizontal line. The signature is stylized and cursive.

Waleed L. Hijazin
CFO / Owner
Magna Chek Inc.
Madison Heights, MI

Peoples State Bank

Automatic Transfer Authorization

The undersigned authorize and direct Peoples State Bank to make the following transfer of funds:

AMOUNT TO BE TRANSFERRED \$ 1000.00

FREQUENCY Weekly Monthly

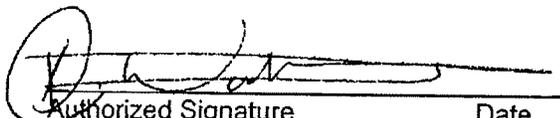
EFFECTIVE DATE: 11-9-09 TERMINATION DATE:

FROM: ACCOUNT NO : ACCOUNT TILTE: Magna Chek	TYPE	<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY FUND <input type="checkbox"/> Other
TO: ACCOUNT NO : ACCOUNT TILTE: Magna Chek	TYPE	<input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY FUND <input type="checkbox"/> SAFE DEPOSIT FEE <input type="checkbox"/> CERTIFICATE OF DEPOSIT <input type="checkbox"/> Other

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization.

If no termination date is specified above, this authorization will remain in effect until terminated in writing by the Bank or until the Bank has received written notification of its termination from any one of the authorized signers in such time and manner as to afford the Bank a reasonable opportunity to act on it.

Transfers will occur on the business day prior to the transfer date if it falls on a non-business day, for example, a weekend or holiday.

 Authorized Signature	11-14-09 Date	 Authorized Signature	 Date
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 Printed Name

 Printed Name

 Accepted By Date

 File Maintenance Performed By Date

PEOPLES
STATE BANK

October 14, 2009

Mr. Wally Hijazin
Magna Check, Inc.
32701 Edward Avenue
Madison Heights, MI 48071

RE: Magna Check, Inc.

Dear Mr. Hijazin,

This letter is to confirm the amount of \$25,000 is available to advance from your line of credit # _____ of today's date. Please contact me with any further questions or assistance needed.

Sincerely,



Jeff Talicska
Portfolio Officer
Peoples State Bank



Secure Message Center Click Here to EXIT

NetTeller

Bill Payment

COMING SOON! Watch for an announcement on the login page.

Personal Options

Accounts

»Transactions

Transfers

»Current Transactions

Download

Search

Peoples State Bank

The layout of this screen has changed. To search by date, use the "search" link found above. If you choose to print the transaction listing screen, please change your page orientation from Portrait to Landscape to capture all of the information.

View Transactions for:

Current Balance: 25,000.00 Available Funds: 25,000.00

Transactions from 09/16/2009 to 10/16/2009

? View Range: Since Last Statement 7 Days 15 Days 30 Days

Date:	Ref/Check No.	Description:	Debit:	Credit:	Balance:
10/15/2009	View Image	CREDIT MEMO		25,000.00	25,000.00
Totals (this page): Transactions: 1			Debits: 0.00	Credits: 25,000.00	



RESOLUTION OF CORPORATION, PARTNERSHIP & LLCs

DATE: 10/15/2009

<p>TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION</p> <p>PEOPLES STATE BANK 1800 E. 12 MILE ROAD MADISON HEIGHTS, MI 48071 11</p>	<p>FROM: NAME AND ADDRESS OF ENTITY</p> <p>Magna Chek Inc 32701 Edward Ave Madison Heights MI 48071-1422</p>
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Use this *Resolution of Corporation, Partnership and LLCs* to document the granting of Deposit authority by the governing body of the business entity to specified individuals.

Words or phrases preceded by a are applicable only if the is marked.

I certify that I am a duly and legally elected/appointed, qualified representative and keeper of the records ("Designated Representative") of/for the legal entity ("Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the governing body of the Entity held on the date shown below in accordance with law and the governing documents of the Entity, and that my delivery of this Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

This is a For Profit Nonprofit Entity.

IT IS RESOLVED THAT:

The following described officers, members, managers, partners, employees, designated parties or agents of the Entity referred to below as "Authorized Parties", whose names and signatures appear below, are authorized for and on behalf of the Entity to to have the following indicated powers as contained in this Resolution:

DEPOSITORY ACCOUNT. Open and maintain the depository account(s) indicated on Page 2 in the name of the Entity Authorized Parties subject to any terms and conditions governing the account(s), including:

1. Make deposits to the account(s);
2. Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing;
3. Make withdrawals from the account(s) in any manner permitted by the account(s);
4. Transfer funds from the account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity;
5. Transfer funds to the account(s) in Financial Institution from any account whether or not held at this Financial Institution and whether or not held by this Entity;
6. Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money; and
7. Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.
8. All of the above.

SAFE DEPOSIT BOX. Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from Box(es), and exercise all rights and be subject to all responsibilities under the Lease.

NIGHT DEPOSITORY. Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

LOCKBOX. Enter into a Lockbox Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

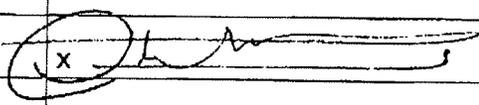
DEBIT CARD/ATM CARD. Apply for, receive and utilize debit cards, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect.

CASH MANAGEMENT. Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement

OTHER AUTHORITY- describe:

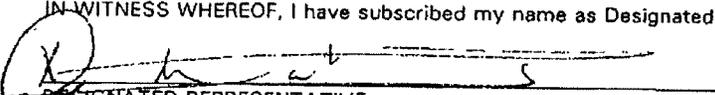
Further, this Resolution continues on Page 2 of this document, and all of the power and authority granted are incorporated in this Resolution.

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 SPECIFIC ACCOUNTS ACCOUNT NUMBER(S):

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Waleed L Hijazin President	X 	COUNTERSIGNERS: 1
2.	X	COUNTERSIGNERS:
3.	X	COUNTERSIGNERS:
4.	X	COUNTERSIGNERS:
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Parties of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.


 DESIGNATED REPRESENTATIVE:
 President

10-14-09
 DATE

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Parties whose signature appears above may sign without the other(s);
- Facsimile Signatures. (Select if applicable): The Financial Institution is authorized to honor facsimile and other non-manual signatures and may honor and charge the Entity for all negotiable instruments, checks, drafts, and other orders for payment of money drawn in the name of the Entity, on its regular accounts, including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means the facsimile signature or other non-manual signature may have been affixed, or electronically communicated, if such facsimile signature resembles the specimen attached to this Resolution or filed with the Financial Institution, regardless of whether any misuse of a specimen or non-manual signature is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit attached is incorporated into and is an integral part of this Resolution. Entity indemnifies the Financial Institution for all claims, expenses, and losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Parties signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Parties signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Party of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name and Address

TEMPORARY REPLACEMENT
DATE 10/15/2009 OPENED BY Sonya S Jemison

PEOPLES STATE BANK
1800 E. 12 MILE ROAD
MADISON HEIGHTS, MI 48071
11

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ 25,000.00 PLAN # ACCOUNT NUMBER
TITLE OF ACCOUNT Magna Chek Inc ACCOUNT T.I.N.

32701 Edward Ave
Madison Heights MI 48071-1422

OWNERSHIP TYPE Corporate For Profit
PRODUCT NAME PRIME RATE SAVINGS
Words, numbers or phrases preceded by a [] are applicable only if the [X] is marked.

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS
Magna Chek Inc
32701 Edward Ave
Madison Heights MI 48071-1422

BUSINESS FILING STATE Michigan
ENTITY DOCUMENT Article of Organization
LAST FILING DATE 4/30/2009
FILING EXPIRATION
DATE ESTABLISHED 10/18/71
NATURE OF BUSINESS Inspection Company
PRIMARY LOCATION Oakland
RESOLUTION DATE 10/15/2009
E-MAIL ADDRESS
FACSIMILE AUTHORIZATION ON FILE [] YES [] NO
LIMITED LIABILITY COMPANY TAX CLASSIFICATION: []

SUMMED NAME IF D/B/A
CONTACT NAME Waleed Hijazin
CONTACT TITLE President
CONTACT PHONE (586) 634-4520
OTHER

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person.

SIGNATURE [Signature] President

10-14-09 Taxpayer Identification Number:
DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

OF SIGNATURES REQUIRED: 1

[X] Authorized Signer Only Title: President
Waleed L Hijazin

10-14-09 X
Date

[] Authorized Signer Only Title:

[] FACSIMILE ALLOWED

[] Authorized Signer Only Title:

[] Authorized Signer Only Title:

[X] Date

[X] Date

OWNER/SIGNER #1 NAME AND ADDRESS

Waleed L Hijazin
32701 Edward Ave

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

Madison Heights MI 48071-1422

Title/Capacity: President

EMPLOYER NAME AND ADDRESS

Tax ID Number:

Date of Birth:

Primary Phone: (810) 756-4070

Secondary Phone: (248) 597-0089

wally@magnachek.com

OWNER/SIGNER #2 NAME AND ADDRESS

Title/Capacity:

EMPLOYER NAME AND ADDRESS

Tax ID Number:

Date of Birth:

Primary Phone:

Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #3 NAME AND ADDRESS

Title/Capacity:

EMPLOYER NAME AND ADDRESS

Tax ID Number:

Date of Birth:

Primary Phone:

Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #4 NAME AND ADDRESS

Title/Capacity

EMPLOYER NAME AND ADDRESS

Tax ID Number:

Date of Birth:

Primary Phone:

Secondary Phone:

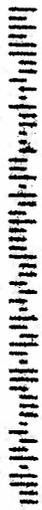
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

VERIFICATION / FOLLOW-UP

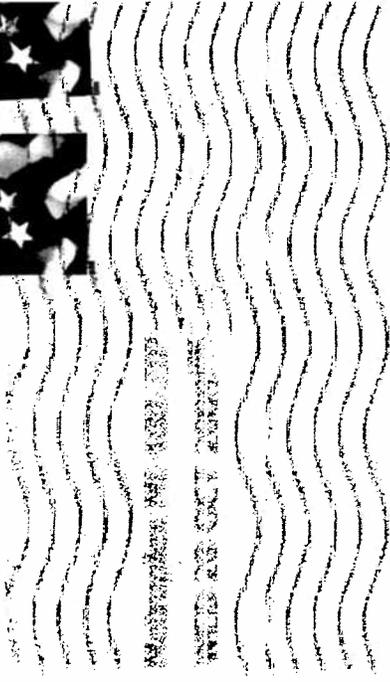
BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

See Addendum

- 1
- 3
- 2.
- 4.



**Wally Lawrence
Magna Chek, Inc
32701 Edward Ave.
Madison Heights, MI 48071**



RECEIVED NOV 0 7 2008

ATT: Patricia Loughheed

**Nuclear Regulatory Commission
Region III
2443 Warrenville Road, suite 210
LISLE, ILLINOIS 60532-4352**