



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
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ARLINGTON, TEXAS 76011-4125

FACSIMILE



**Name:** Scott Schierman License Number 49-29384-01  
**E-mail Address:** [Scott.Schierman@uranium1.com](mailto:Scott.Schierman@uranium1.com) Docket Number 030-38260  
**Phone:** 307-234-8235 Ext. 330  
**From:** Jacqueline D. Cook /RA/ (actually emailed Scott on 9/22/10)  
**Date:** September 22, 2010  
**Subject:** License Amendment Request dated June 23, 2010, Including Response to Appendix F, Required Documentation for Change of Ownership/Transfer of Control  
**Pages:** 2

Mr. Schierman:

Per your amendment request dated June 23, 2010, including your response to Appendix F, Required Documentation for Change of Ownership/Transfer of Control, the item on the next page is a deficiency which requires your response. **Please respond to this email as soon as practical but no later than Monday, October 4, 2010. Please note that I will be out of the office Monday, September 27- Friday, October 1, 2010, returning to the office on Monday, October 4, 2010.** If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. Our fax number is (817) 860-8263. You may respond by email if you'd like in pdf format. My email address is [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov). If you have any questions regarding this fax, please call me at (817) 860-8132. When responding to this fax, please include the license, docket and control numbers located at the top of this page.

Please note that we will send your response to Appendix F to our Regional Office of General Counsel (OGC) for their review.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

- 1. Please 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.

Description of proposed licensed program attached

**OR**

\_\_\_\_\_ will abide by all constraints, conditions,  
(transferee)  
 requirements and commitments of \_\_\_\_\_.  
(transferor)

\_\_\_\_\_  
 Signature/Title  
 Transferee

\_\_\_\_\_  
 Signature/Title  
 Transferor

\_\_\_\_\_  
 date

\_\_\_\_\_  
 date

\_\_\_\_\_  
 Certifying Officer - Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Certifying Officer - Typed name and title