

NOTE

September 27, 2011

To: Jacqueline Cook
Senior Health Physicist
Region IV

Subject: Amendment Clarification for Materials License 50-27667-01
Docket No. 030-35371, Control No. 575431

Ms. Cook,

In response to the questions for clarification email dated September 9, 2011, please see below.

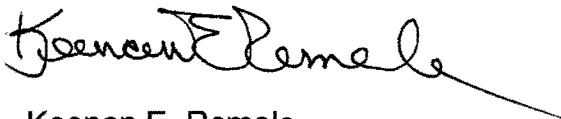
- #1. The correct address is:
601W. 41st Ave, Unit C
Anchorage, Alaska 99503

The letter reference was a typo on my part.

- #2. There will be **NO** radiography performed at the place of business or at the permanent storage facility.

If you have further questions, please contact me.

Sincerely,



Keenan E. Remele
RSO



RECEIVED

SEP 27 2011

DNMS

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Senior Health Physicist
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A handwritten signature in black ink that reads "Keenan E. Remele". The signature is written in a cursive style with a long, sweeping underline.

Keenan E. Remele
RSO

From: (907) 770-9400
Ross Crich
Kakivik Asset Management
560 E.34th Ave, Suite 200

Origin ID: CYMA



J11201108050225

Anchorage, AK 99503

Ship Date: 27SEP11
ActWgt: 1.0 LB
CAD: 8796185/INET3180

Delivery Address Bar Code



SHIP TO: (800) 952-9677

BILL SENDER

J Cooke Senior Health Physicist
U.S.N.R.C.
612 E LAMAR BLVD STE 400

ARLINGTON, TX 76011

Ref # Amendment Clarification
Invoice #
PO #
Dept #

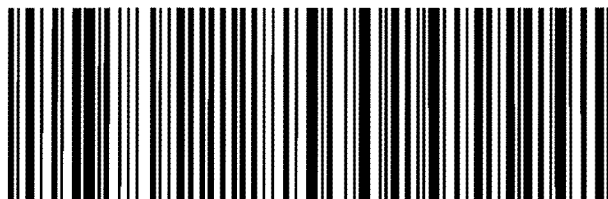
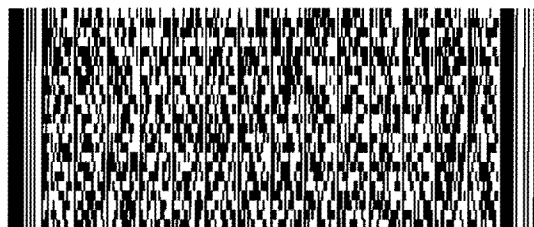
WED - 28 SEP A1
PRIORITY OVERNIGHT

TRK# 7975 6229 9520

0201

AD FWHA

76011
TX-US
DFW



50FGZ/4298/F5F4

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

SEP 27 2011

DATE

This is to acknowledge the receipt of your letter/application dated SEP 27 2011, 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** 576078.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 03320
Status Code: Pending Amendment
Fee Category: 2B 30
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KAKIVIK ASSET MANAGEMENT, LLC
Received Date: 09/27/2011
Docket Number: 3035371
Mail Control Number: 576078
License Number: 50-27667-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol S. Hee

Date: 9/27/11

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: _____