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### CERTIFICATE OF DISPOSITION OF MATERIALS

Q-5

LICENSEE NAME AND ADDRESS  
Montesino Technologies, Inc.  
1719 Delaware Ave., Floor 3  
Wilmington DE 19806

MS-16

LICENSE NUMBER

07-30963-01

DOCKET NUMBER

030-36678

LICENSE EXPIRATION DATE

10/31/2014

#### A. LICENSE STATUS (Check the appropriate box)

- This license has expired.
- This license has not yet expired; please terminate it.

#### B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
  - a. Transfer of radioactive materials to the licensee listed below:
  - b. Disposal of radioactive materials:
    - 1. Directly by the licensee:
    - 2. By licensed disposal site:
    - 3. By waste contractor:
  - c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

#### C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
  - a. the absence of licensed radioactive materials
  - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
  - a. is attached; or  b. is not attached (Provide explanation); or  c. was forwarded to NRC on: \_\_\_\_\_ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
  - a. The results of the latest leak test are attached; and/or
  - b. No leaking sources have ever been identified.

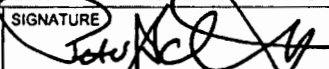
The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Adam Smith	Radiation Safety Officer	302-888-2355	adam.smith@montesino.com

Mail all future correspondence regarding this license to:  
1719 Delaware Ave. Floor 3 Wilmington DE 19806

#### C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
Peter Schmitt Managing Director		11/13/2013

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

REC'D IN LAT

11/13/13

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NRC/RGN1 MATERIALS-002