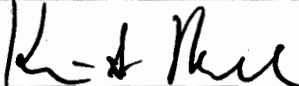


CONVERSATION RECORD

| | | | | |
|---|--|------------------------------------|--|--|
| NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Frank Bloe, RSO | | DATE OF CONTACT 04/05/2015 | TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OUTGOING | |
| E-MAIL ADDRESS | | TELEPHONE NUMBER (216) 663-7000 | | |
| ORGANIZATION Associates in Medical Physics, LLC | | DOCKET NUMBER(S) 030-35048 | | |
| LICENSE NUMBER(S) 34-26645-02 | | CONTROL NUMBER(S) 588520 | | |
| SUBJECT Additional information needed for termination request. | | | | |
| SUMMARY AND ACTION REQUIRED (IF ANY) Please confirm that sealed sources were intact and not leaking. | | | | |
| NAME OF PERSON DOCUMENTING CONVERSATION Kevin Null | | | | |
| SIGNATURE  | | | DATE OF SIGNATURE 08/07/2015 | |