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04/12/2019

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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: O'LEARY

N E L S O N

First Name: TIM

Z A C H

Middle Initial:

Business Telephone Number: (406) 728-1660

Extension:

2 4 7

Title: CURRENT SAFETY OFFICER

Enter the mailing address where correspondence regarding your device(s) should be sent.

Department:

Address Line 1: 605 COLOSMOKE AVENUE

6 0 5 C O L D S M O K E A V E N U E

Address Line 2:

City: BONNER

State: MT

Zip Code: 59823





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SECTION 5 - CERTIFICATION

SECTION 5

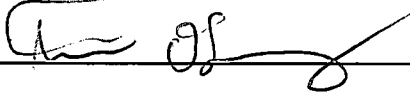
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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copied of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



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SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 10 U.S.C SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





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SECTION 6 - DEVICE NOT SUBJECT TO REGISTRATION

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| | | |
|------------------------|--------------------------|----------------|
| NRC Device Key: | Manufacturer License No: | |
| Manufacturer Name: | | |
| Model Number: | Serial #: | Transfer Date: |
| Isotope: | Activity: | Unit: |

