## OMAHA PUBLIC POWER DISTRICT CONFIRMATION OF TRANSMITTAL RADIOLOGICAL EMERGENCY RESPONSE PLAN (RERP)

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Radiological Health & Emercency Planning

I hereby acknowledge receipt of the above copy or numbered pages. The additional or revised pages have been included in my assigned copy of the RERP and/or super-seded pages have been removed as required.

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(Please sign and return this form within 5 days to the Administrative Services Department, Attention: Jane Morfeld, Omaha Public Power District, 1623 Harney Street, Umaha, Nebraska 68102.)

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