GL- 7 2 8 0 1 6 - 2 9

Date 10/18/2024

NRC FORM 664 (11-29-2022) 10 CFR 31.5

**SECTION 1** PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## **GENERAL LICENSEE REGISTRATION**

| APPROVED BY OMB: NO. 3150-0198  | OMB EXPIRATION DATE:   | 11/30/2025                               |
|---|--|--|
| Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to triaccountability. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. email to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs. (3150-0198), NW, Washington, DC 20503; email: <a href="mailto:oira.submission@omb.eop.gov">oira.submission@omb.eop.gov</a> . The NRC may not conduct or sponsor, and a person is requesting or requiring the collection displays a currently valid OMB control number. | <ul> <li>Nuclear Regulatory Commission, Washington, DC 205</li> <li>Attn: Desk Officer for the Nuclear Regulatory Commiss</li> </ul> | 555-0001, or by<br>sion, 725 17th Street |
| Complete all six sections of this registration form. If any of the preprint   | ed information is incorrect, pro   | ovide the                                |

| requesting or requiring the conection displays a currently valid Owie control number.   |
|---|
| Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.         |
| General License SECTION 1 - GENERAL LICENSEE INFORMATION  |
| Registration Number   |
| GL - 7 2 8 0 1 6 - 2 9  |
| Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes. |
| Company Name:   |
| La Colombe Torrefaction   |
| Department:   |
| Production  |
| Address Line 1:   |
| 6366 Norton Center Drive  |
| Address Line 2:   |
| Address time 2.   |
|   |
| City:   |
| Muskegon  |
| State: M I Zip Code: 4 9 4 4 1 -  |
|   |
| For NRC Use Only (Do not write here)  |
| Packet Receipt Date (MMDDYYYY)  |
|   |
| Accession Number . AMSS   |
|   |

|   |     |     |                        |            |            | Ca         | tego           | ry:                 |                         |                            | ]:  |
|---|-----|-----|------------------------|------------|------------|------------|----------------|---------------------|-------------------------|----------------------------|-----|
| , | •   | 2-  | P                      | icket      | Rec        | eipt l     | Date           | (MN                 | IDDY                    | ΥΥ                         | 7)  |
|   | ,   | * 1 |                        |            | ,          |            |                | 74.                 | T                       | Τ                          |     |
|   | . , | in. |                        |            | , ·        | 1          | Acces          | sio                 | n Nu                    | mbe                        | er. |
|   |     |     | • •                    |            |            |            | ĥ              |                     | 1                       | $\blacksquare$             |     |
|   |     |     | Use Only<br>rite here) | rite here) | rite here) | rite here) | Packet Receipt | Packet Receipt Date | Packet Receipt Date (MN | Packet Receipt Date (MMDDY |     |

NMSS10 NMSS

| GL- | 7 | 2 | 8 | 0 | 1 | 6 | - | 2 | 9 |   |
|-----|---|---|---|---|---|---|---|---|---|---|
|     |   |   |   |   |   |   | • |   |   | • |

Date 10/18/2024

# 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: d A n First Name: Middle Initial: Ţ r e v 0 r Business Telephone Number: Extension: Business E-mail Address: t e v 0 a п d e r ٠o n @ ¢ h o ь m Title: V P E n 0 n m e n ŧ a Н е a & a Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored. Department: P d i r 0 u C t 0 n Address Line 1: 6 3 6 6 C D o r t 0 n e n e r Address Line 2: City: M k Ü e 0 n g Zip Code: State: M 1

| -        | 7 2    |       |          | 6       | - [      | 2 9 | )    |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            | SE    | CTIC | N |
|----------|--------|-------|----------|---------|----------|-----|------|------|------|--------|----------|------|-----|-------------|-----|-------|---------|-------|---------|------|---------|-----|----------|------------|-------|------|---|
| Date     | 10/18  | 3/202 | 4        |         |          |     | SE   | СТІ  | NC   | 2 - 1  | DEV      | ICE  | s s | UB.         | JEC | T T   | 0 R     | EG    | STI     | RAT  | 101     | N . | P        | 4GE        | = 1 ( | OF   | 1 |
| Our re-  | cord   | s inc | licat    | te th   | iat y    | ou  | hav  | e th | ese  | dev    | rices    | . Pl | eas | e up        | dat | e the | e inf   | orm   | atio    | n as | s ne    | ces | sary     | <i>r</i> . |       | •    | A |
| NRC D    |        |       |          |         | 4417     |     |      |      |      |        |          |      |     |             |     | nber  |         |       |         |      |         |     |          |            |       |      |   |
| Distribu | utor/D | istri | bute     | d By    | /:       |     |      |      |      |        |          | ·    |     | <b>,</b>    |     |       |         |       |         |      |         |     |          |            |       |      |   |
| In       | d      | и     | s        | t       | r        | i   | a    | I    |      | D      | у        | n    | a   | m           | i   | С     | s       |       | С       | 0    | m       | p   | a        | n          | у     |      |   |
| Distribu | utor L | icen  | se N     | luml    | ber:     |     |      |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| 1 5      | 8      | 6     | <u> </u> | 1       | . !      | )   | G    | L    |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| Manufa   | acture | er Na | ıme:     |         |          |     |      |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| I n      | d      | u     | s        | t       | r        | i   | a    | 1    | T    | D      | у        | 17   | a   | m           | i   | С     | s       |       | С       | 0    |         | ,   |          | L          | T     | D    |   |
| Device   | Mod    | el (N | lot S    | our     | ce M     | lod | el): |      |      |        |          |      |     |             |     |       |         |       | -       |      |         |     |          |            |       |      |   |
| FI       | L      | Т     | Е        | С       |          | 3   | T    | G    | T    |        |          |      |     |             |     | T     |         |       |         |      |         |     |          | Γ          |       |      |   |
| Device   | Seria  | al Nu | ımbe     | <br>er: | <b></b>  | L   |      |      |      |        | <u> </u> |      |     | <del></del> | ·   |       | <b></b> | J     | <b></b> | L    | <b></b> | J   | <u> </u> | ·          | L     | .1   |   |
| 1 I      | 8      | 6     | 1        | 0       | <u> </u> |     | T    | T    | T    |        | T        |      | Π   |             |     |       |         |       |         |      |         |     | Τ        |            | T     |      | Γ |
| MM       |        | DI    | D C      |         |          | YY  | ΥΥ   |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
|          | lsc    | otope | e (e.    | g., A   | M24      | 41) |      | Α    | ctiv | ity (e | .g.,     | 100) | •   |             |     | Unit  | t (e.   | g., n | nCi)    |      |         |     |          |            |       |      |   |
| 1.       | A      | N     | 1        | 2       | 4        | 1   | ]    | 3    |      | . [ ]  | 7        |      |     |             |     | G     | В       | q     |         |      |         |     |          |            |       |      |   |
| 2.       |        |       |          |         |          |     |      |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| 3.       |        |       | Ţ        |         |          |     |      |      |      |        |          |      |     |             |     |       | 1       |       | I       |      |         |     |          |            |       |      |   |
| 4.       |        |       |          |         |          |     |      |      |      |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| 5.       |        |       |          |         |          |     |      |      | I    |        |          |      |     |             |     |       |         |       |         |      |         |     |          |            |       |      |   |
| 6.       | Г      | 7     | T        | Т       | T        |     | 1    | _    | T    |        |          | 7    |     |             |     |       |         | 7     | Т       | T    |         |     |          |            |       |      |   |

| GL-   | SECTION 2                             |
|---|---------------------------------------|
| SECTION 2 - DEVICES SUBJECT TO REGISTRATION PAG   | EOF                                   |
| Our records indicate that you have these devices. Please update the information as necessar | ary.                                  |
| NRC Device Key (Internal Control Number)  |                                       |
| Distributor/Distributed By:   | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
| Distributor License Number:   |                                       |
|   |                                       |
| Manufacturer Name:  |                                       |
|   |                                       |
| Device Model (Not Source Model):  |                                       |
|   |                                       |
| Device Serial Number:   |                                       |
|   |                                       |
| Transfer Date:  Not in possession of device (AI MM DD YYYY                                  | so complete Section 4)                |
| Isotope (e.g., AM241) Activity (e.g., 100) Unit (e.g., mCi)                                 |                                       |
| 1.  |                                       |
| 2.  |                                       |
| 3.  |                                       |
| 4.  |                                       |
| 5.  |                                       |
| 6.  |                                       |

**SECTION 3** 

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

PAGE 1 OF 1

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices. Manufacturer Name K r 0 n е S I n c Initial Transferor Name Z E k e t & i e 1 Ç r g е ľ Initial Transferor License Number (if known) Device Model Number (Not Source Model) 7 3 С h e С k m а t Į Device Serial Number 7 3 1 E D K How acquired and date Manufacturer/Initial Transferor listed above (e.g., from a distributor/ Other General License Date Transferred: manufacturer, other 0 5 Other Source licensee, other source)? MM DD Isotope (e.g., AM241) Activity (e.g., 100) Unit (e.g., mCi) 2 4 1 1 6 7 G В 1. A M q 2. 3, 4. 5. 6. 7. 8. 9, 10.

| CI   | 67  | _ |   | _ | · |   |   |   |   |
|------|-----|---|---|---|---|---|---|---|---|
| GL - | ] 7 | 2 | ð | υ | L | 6 | - | 2 | 9 |
|      |     |   |   |   |   |   |   |   |   |

| SECTION 4 - NOT IN POSSESSION OF DE   | EVICE PAGE 1 OF 1     |
|---|-----------------------|
| Provide information about devices listed in Section 2 or 6, but no longer in your                         | possession.           |
| Part 1 Transfer Date  |                       |
| NRC Device Key (from Section 2 or 6)  | 0 2 4<br>YYY          |
| Location of the Device:   | f 1 1                 |
| Whereabouts Unknown (complete Part 1 only)  Transferred to another general licer (complete Parts 2 and 3) | isee                  |
| Never Possessed the Device (complete Part 1 only)  Transferred to a Specific Licensee (complete Part 2)   | not the manufacturer) |
| Returned to Manufacturer (complete Part 1 only)   |                       |
| Part 2  | •                     |
| License Number of Recipient (if transferred to a specific licensee)                                       |                       |
|   |                       |
| Company Name:   |                       |
| Michigan State Univer   | s i t y               |
| Department:   |                       |
| I n n o v a t i o n   |                       |
| Address Line 1:   |                       |
| 2 2 1 QuarterineRd  |                       |
| Address Line 2:   |                       |
|   |                       |
| City:   |                       |
| M u s k e g o n   |                       |
| State: M I Zip Code: 4 9 4 4 2 -  |                       |
| Part 3 Enter the name of the individual responsible for this device.                                      |                       |
| Last Name:  |                       |
|   |                       |
| R u d a t   |                       |
| First Name: Middle Initial:   |                       |
| C l a r e n c e   |                       |
| Business Telephone Number: Extension  | _                     |
| -   -   -   -   -   -   -   -   -   -   |                       |
| Title   |                       |
| I n n o v a t i o n & F a r m M a n   | a g e r               |
|   |                       |

|      | , |     |      |     |   |   |   | _ |   |  |
|------|---|-----|------|-----|---|---|---|---|---|--|
| GL - | 7 | 2   | 8    | 0   | 1 | 6 | - | 2 | 9 |  |
| Date | 1 | 0/1 | Q /2 | റാഷ |   |   |   |   |   |  |

# **SECTION 5 - CERTIFICATION**

SECTION 5 PAGE 1 of 1

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. (Copies of applicable regulations may be viewed at the NRC Web site at www.nrc.gov/reading-rm/doc-collections/cfr/)

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. 18 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.

| GL                 |                               | SECTION 6 PAGE 1 OF |
|--------------------|-------------------------------|---------------------|
| Date SECTI         | ON 6 - DEVICES NOT SUBJECT TO |                     |
|                    |                               |                     |
| NRC Device Key:    | Manufacturer License No.:     |                     |
| Manufacturer Name: |                               |                     |
| Model Number:      | Serial No.:                   | Transfer Date:      |
| Isotope:           | Activity:                     | Unit:               |
|                    |                               |                     |
| NRC Device Key:    | Manufacturer License No.:     |                     |
| Manufacturer Name: |                               |                     |
| Model Number:      | Serial No.:                   | Transfer Date:      |
| Isotope:           | Activity:                     | Unit:               |
|                    |                               |                     |
| NRC Device Key:    | Manufacturer License No.;     |                     |
| Manufacturer Name: |                               |                     |
| Model Number:      | Serial No.:                   | Transfer Date:      |
| Isotope:           | Activity:                     | Unit:               |
| Isotope:           | Activity:                     | Unit:               |
| Isotope:           | Activity:                     | Unit:               |
| (sotope:           | Activity:                     | Unit:               |
| Isotope:           | Activity:                     | Unit:               |

| GL-                | T1 .                            | SEC               | TION 6                   |
|--------------------|---------------------------------|-------------------|--------------------------|
| Date               | SECTION 6 - DEVICES NOT SUBJECT | PAGE O            |                          |
|                    | SECTION 6 - DEVICES NOT SUBJEC  | I TO REGISTRATION |                          |
| NRC Device Key:    | Manufacturer License No.:       |                   |                          |
| Manufacturer Name: | Waltulacturer License No        |                   |                          |
| Model Number:      | Serial No.:                     | Transfer Date:    | 7                        |
| Isotope:           | Activity:                       | Unit:             | _;<br>]                  |
| Isotope:           | Activity:                       | Unit:             | ]                        |
|                    |                                 |                   | _<br>¬                   |
| Isotope:           | Activity:                       | Unit:             | <u></u>                  |
| Isotope:           | Activity:                       | Unit:             | <u>.</u><br>1            |
| Isotope:           | Activity:                       | Unit:             | <u></u>                  |
| NRC Device Key:    | Manufacturer License No         |                   |                          |
| Manufacturer Name: | Ivialidiacturer Election (40    |                   |                          |
| Model Number:      | Serial No.:                     | Transfer Date:    | ٦                        |
| Isotope:           | Activity:                       | Unit:             | _ <u>_</u>               |
| Isotope:           | Activity:                       | Unit:             | <b>.</b> i<br><b>1</b> / |
|                    |                                 |                   |                          |
| Isotope:           | Activity:                       | Unit:             | _}<br>¬ı                 |
| Isotope:           | Activity:                       | Unit:             |                          |
| Isotope:           | Activity:                       | Unit:             | _]                       |
| NRC Device Key:    | Manufacturer License No.:       |                   | <del></del>              |
| Manufacturer Name: |                                 |                   |                          |
| Model Number:      | Serial No.:                     | Transfer Date:    |                          |
| Isotope:           | Activity:                       | Unit:             | j                        |
| Isotope:           | Activity:                       | Unit:             | ]                        |
| Isotope:           | Activity:                       | Unit:             |                          |
| Isotope:           | Activity:                       | Unit:             |                          |
| Isotope:           | Activity:                       | Unit:             |                          |



## **UNITED STATES NUCLEAR REGULATORY COMMISSION**

WASHINGTON, D.C. 20555-0001

TO:

Users of Devices Subject to General License Registration

SUBJECT: ANNUAL REGISTRATION OF GENERALLY LICENSED DEVICES

The U.S. Nuclear Regulatory Commission (NRC) requires annual registration of certain devices that are possessed under the general license issued in Section 31.5 of Title 10 U.S. Code of Federal Regulations (10 CFR 31.5). Devices subject to registration include those containing the radioactive material and activity listed in Table 1 of the attached NRC Form 664. You are receiving this notice because NRC records indicate that you have one or more such devices. Information about the general license registration program is available NRC website at http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html.

Note that under 10 CFR 31.5(c)(11), the attached General Licensee Registration Package must be completed, signed, and returned to the NRC within 30 days from the date of this letter. Read all of the instructions prior to completing the package. Mail the completed package in the enclosed envelope to:

> Director, Office of Nuclear Material Safety and Safeguards ATTN: Document Control Desk/GLTS U.S. Nuclear Regulatory Commission Washington DC 20555-0001

Registration Fee: Commission regulations (10 CFR 170.31, Category 3Q) require that you submit a registration fee with each registration on an annual basis. The registration fee is subject to change yearly. and you are required to submit the fee that is in effect as of the date of this letter. An invoice for the current amount due will be sent to you under separate cover. If you have any questions about the fee or the invoice, please contact the License Fee Billing Help Desk at (301) 415-7554 or email at fees.resource@nrc.gov.

NRC amended 10 CFR Parts 170.11 and 170.31 to provide that 10 CFR Part 170 fees be assessed to Federal agencies, where applicable, in accordance with the Energy Policy Act of 2005. Therefore, those Federal facilities required to register certain generally licensed devices in their possession will be required to pay the annual registration fee.

Attachment: NRC Form 664 -- General Licensee Registration and Instructions

Sincerely,

U.S. Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards Division of Materials Safety, Security, State, and Tribal Programs Materials Safety and Tribal Liaison Branch

# INSTRUCTIONS FOR COMPLETING NRC FORM 664 "GENERAL LICENSEE REGISTRATION"

Review all six sections of this registration form. If any information is incorrect or missing, make corrections in the applicable boxes. If you have more devices than space provided in the form, copy the form before starting, as needed. Use black ink and print in CAPITAL LETTERS. Start information in the first box provided. If the information contains a number with a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "ø" character to represent the number 0 (zero).

Verify information about the devices by reviewing the label on the <u>outside</u> of the device. For safety reasons, DO NOT TRY TO TAKE APART any device to verify this information. If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information. Also, contact the manufacturer for any additional information about NRC requirements. You may also review 10 CFR 31.5 and other applicable regulations on the NRC web site at

http://www.nrc.gov/reading-rm/doc-collections/cfr/, or review specific information about the general licensee project at http://www.nrc.gov/materials/miau/miau-reg-initiatives/gen-license.html.

Note to specific licensees: If you believe the device(s) listed on the registration form are possessed under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below. If not, complete the registration as instructed below, however, in Section 2, follow the instructions for "not in possession of device" and complete one Section 4 page per device transferred to your specific license.

Section 1 - General Licensee Information. Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are used. For portable devices, provide the storage location. P.O. Box addresses are not allowed.

Do not write in the box marked For NRC Use Only

On Page 2, provide the name, business telephone number, business e-mail address, and title of the individual responsible for your device(s), and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are used and/or stored (P.O. boxes may be used if this is the only available mailing address). The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

Section 2 - Devices Subject to Registration. This section lists each device subject to registration and in your possession, according to NRC records. Devices subject to registration include those containing at least one of the radionuclides listed in Table 1, with the activity indicated, at the time of manufacture.

| Radionuclide  | Activity greater than or equal to: |
|---|------------------------------------|
| Strontium-90, Radium-226                              | 3.7 megabecquerel (0.1 millicurie) |
| Cobalt-60, Curium-244, Americium-241, Californium-252 | 37 megabecquerel (1 millicurie)    |
| Cesium-137  | 370 megabecquerel (10 millicurie)  |

Table 1. Criteria for Registration

Use the codes from Table 2 when correcting isotope information for devices in this section. If you do not possess a device on this list, blacken the "not in possession of device" circle, and provide the relevant information in Section 4. Note that each device is assigned a unique six-digit number called the NRC Device Key.

| Table 2. | Isotope | Codes for | r Sections | 2 and 3 |
|----------|---------|-----------|------------|---------|
|----------|---------|-----------|------------|---------|

| Radionuclide    | Code for form | Radionuclide | Code for form |
|-----------------|---------------|--------------|---------------|
| Americium-241   | AM241         | Curium-244   | CM244         |
| Californium-252 | CF252         | Strontium-90 | SR90          |
| Cesium-137      | CS137         | Radium-226   | RA226         |
| Cobalt-60       | CO60          |              |               |

Section 3 - Additional Devices. If you have other generally licensed devices (not listed in Section 2) that meet the conditions for registration listed in Table 1, provide information about each additional device. Before starting, copy this section as needed for your additional devices. Also indicate how you acquired each device by blackening the proper circle.

When entering isotope and unit information for your device(s), use the codes listed in Table 2 of Section 2 for isotope information, and use the codes from Table 3 for unit information:

Table 3. Unit Codes for Section 3

| Unit       | Code for form | Unit          | Gode for form |
|------------|---------------|---------------|---------------|
| picocurie  | PCI           | becquerel     | BQ            |
| nanocurie  | NCI           | kilobecquerel | KBQ           |
| microcurie | UCI           | megabecquerel | MBQ           |
| millicurie | MC1           | gigabecquerel | GBQ           |
| curie      | CI            | terabecquerel | TBQ           |
| pound      | LB            | microgram     | UG            |
|            |               | milligram     | MG            |
| kilogram   | KG            | gram          | G             |

Section 4 - Not in Possession of Device. Use this section to report any devices that are listed in Sections 2 or 6, but that you no longer possess. Before starting, copy this section as needed for additional devices that are not in your possession. Enter the NRC Device Key, as listed in Section 2 or 6. Blacken the circle (choose only one) that best describes the disposition of the device and complete the rest of the section as appropriate.

Section 5 - Certification and Signature. The responsible individual must certify, sign, and date Section 5.

Section 6 - Devices Not Subject to Registration. This list contains information about devices that NRC records indicate are in your possession, but are not subject to registration. If you no longer have one or more of the listed devices, you are required to make a transfer report to NRC in accordance with 10 CFR 31.5 (c)(8) or (9), as applicable. You may use Section 4 for this purpose. This section does not list any static eliminators containing polonium-210 (Po-210), or luminous exit signs containing tritium (H-3). These devices are not subject to registration, and are not included in this section in an effort to reduce the length of this form.

RETURN THE COMPLETED FORM IN THE ENCLOSED LARGE ENVELOPE WITH PROPER POSTAGE.