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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: MORSTAD

M A T T O R D

First Name: BOYD

A D A M

Middle Initial: P

J

Business Telephone Number: (906) 542-7306

9 0 6 5 4 2 7 3 4 5

Extension:

Business E-mail Address: BOYD.MORSTAD@LPCORP.COM

A D A M . M A T T O R D @ L P C O R P . C O M

Title: PLANT SAFETY MANAGER

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

Department: SAGOLA, MI SIDING

Address Line 1: P.O. BOX 100

Address Line 2:

City: SAGOLA

State: MI

Zip Code: 498810100

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SECTION 5 - CERTIFICATION

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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.

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

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

4-24-2025

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.





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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:

