

PNC Bank, National Association
Trade Service Operations
3rd Floor
500 First Avenue
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-03-T

Telex: 866533
Swift: PNCCUS33
Answerback: Firstbank Pgh
Telephone: 1-800-682-4689

29-19769-03
03026466



DATE: NOVEMBER 09, 2004

BENEFICIARY:
U.S. NUCLEAR REGULATORY
COMMISSION
WASHINGTON DC 20555

APPLICANT:
ISOMEDIX OPERATIONS INC.
ATTN: DAWN LUCHOWSKI
5960 HEISLEY ROAD
MENTOR OH 44060-1834

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE:
AMENDMENT NUMBER:

3

WE HEREBY AMEND OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER
[REDACTED] AS FOLLOWS:

THE EXPIRY DATE IS NOW TO READ: NOVEMBER 10, 2005.

THIS AMENDMENT RESCINDS OUR NON-EXTEND NOTICE DATED AUGUST 5, 2004 AND
THIS LETTER OF CREDIT WILL CONTINUE TO AUTOMATICALLY EXTEND AS PROVIDED
FOR THEREIN.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Christina Cormas
PNC BANK, NATIONAL ASSOCIATION
GLOBAL TRADE SERVICE OPERATIONS

NONNEGOTIABLE

This is to acknowledge the receipt of your letter/application dated

November 9, 2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information. *Financial Assurance*

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136012.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 03521
 and : Status Code: 2
 Regional Licensing Sections : Fee Category: 3G
 : Exp. Date: 20040831
 : Fee Comments: 3E DEL 11/99
 : Decom Fin Assur Req'd: Y
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ISOMEDIX OPERATIONS, INC.
Received Date: 20041122
Docket No: 3020466
Control No.: 136012
License No.: 29-19769-03
Action Type: Fin. Assurance

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 11/24/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____