

## EXHIBIT A

FORM NRC-313M (8-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION <b>APPLICATION FOR MATERIALS LICENSE - MEDICAL</b>	Approved GAO R0557
<b>INSTRUCTIONS</b> - Complete items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in item 26 and the appropriate fee enclosed.		
1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE  TRI CO HOSPITAL WADEN, ALA 36482  TELEPHONE NO. AREA CODE 218, 631 3510	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from 1.a.) INCLUDE ZIP CODE  SAME	
2. PERSON TO CONTACT REGARDING THIS APPLICATION  LARRY MAYER TELEPHONE NO. AREA CODE 218, 631 3510	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. 22-18921-01	
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)  BRUCE A. ERDAHL M.D. LARRY MAYER AR.T.	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)  BRUCE A. ERDAHL M.D.	
<b>6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE</b>		
RADIOACTIVE MATERIAL LISTED IN	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III	X	5000
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI		
ADDITIONAL ITEMS	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
<b>6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a.</b> (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)		
ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM
DESCRIBE PURPOSE OF USE		
RECEIVED JUL 03 1985 REGION III		

8508060040 850719  
 REG3 LIC30  
 22-18921-01 PDR

# INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 Rev. \_\_\_\_\_ Date: \_\_\_\_\_

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input checked="" type="checkbox"/>	Names and Specialties Attached; and	<input checked="" type="checkbox"/>	Appendix G Rules Followed; or
<input checked="" type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)		Equivalent Rules Attached
	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input checked="" type="checkbox"/>	Appendix H Procedures Followed; or
	Supplements A & B Attached for Each Individual User; and		Equivalent Procedures Attached
	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or
<input checked="" type="checkbox"/>	Appendix C Form Attached; or		Equivalent Procedures Attached
	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)		Equivalent Information Attached
	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input checked="" type="checkbox"/>	Appendix K Procedures Followed; or
	Equivalent Procedures Attached		Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
	Description and Diagram Attached	<input checked="" type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM			Appendix L Procedures Followed; or _____ (Check One)
	Description of Training Attached		Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input checked="" type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
	Appendix F Procedures Followed; or	<input checked="" type="checkbox"/>	Detailed Information Attached
	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 8.b	
		<input checked="" type="checkbox"/>	Detailed Information Attached

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

BRUCE A. ERDAHL

STREET ADDRESS

BOX 667

CITY

WADENA

STATE

MN 56482

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		<p>RADCOBY RESIDENCY</p> <p>ST. SOSOPHIE HOSP DENVER, CO 1969-1972</p> <p>(THIS FORM ON FILE WITH NRC)</p>
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
OTHER	BONE IMAGING		

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

BRUCE A. ERDAHL MD.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

MO.

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

RADIOLOGY

NUCLEAR MEDICINE

DIAGNOSTIC RADIOLOGY

NUCLEAR MEDICINE

JUNE 1973

JUNE 1974

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	RADIOLOGY RESIDENCY 1971-1972  ST JOSEPH'S HOSPITAL DENVER COLORADO		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc99m	5 CURIES	ST JOSEPH'S HOSP DENVER, CO	1969-1972	MEDICAL DIAGNOSIS
Tc99m	500 MC	CLINICAL PRACTICE	1972-1985	MEDICAL

# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		<p>RADIOLOGY RESIDENCY ST JOSEPH'S HOSP. DENVER CO 1969-1972</p> <p>(THIS FORM OW FILE WITH N.R.C.)</p>
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Cs-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	X	
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR JAMES PROGAN M.D.		7. PRECEPTOR'S NAME (Please type or print)	
b. NAME OF INSTITUTION ST JOSEPH'S HOSP.			
c. MAILING ADDRESS			
d. CITY DENVER, CO.		8. DATE	
6. MATERIALS LICENSE NUMBER(S)			

FORM NRC-313M-SUPPLEMENT B  
(8-78)

24. PERSONNEL MONITORING DEVICES				
TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY	
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	SIRMUS GAMMA-SOURCE	MONTHLY	
	<input type="checkbox"/> TLD			
	<input type="checkbox"/> OTHER (Specify)			
b. FINGER	<input type="checkbox"/> FILM	SIRMUS GAMMA-SOURCE	MONTHLY	
	<input checked="" type="checkbox"/> TLD			
	<input type="checkbox"/> OTHER (Specify)			
c. WRIST	<input type="checkbox"/> FILM			
	<input type="checkbox"/> TLD			
	<input type="checkbox"/> OTHER (Specify)			
d. OTHER (Specify):				

25. FOR PRIVATE PRACTICE APPLICANTS ONLY				
a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL				
NAME OF HOSPITAL			b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR	
MAILING ADDRESS				
CITY	STATE	ZIP CODE		
c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.				

26. CERTIFICATE <small>(This item must be completed by applicant)</small>	
<p>The applicant and any official executing this certificate on behalf of the applicant named in Item 1e certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.</p>	
<p>a. LICENSE FEE REQUIRED <small>(See Section 170.31, 10 CFR 170)</small></p>	<p>b. APPLICANT OR CERTIFYING OFFICIAL (Signature)</p>
	(1) NAME (Type of Print)
(1) LICENSE FEE CATEGORY	(2) TITLE
(2) LICENSE FEE ENCLOSED \$ _____	c. DATE



## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on Form NRC-313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

**APPENDIX C**  
**INSTRUMENTATION**

1. Survey meters

- a. Manufacturer's name: VICTOREEN  
 Manufacturer's model number: Model 498  
 Number of instruments available: 1  
 Minimum range: 0-1 mR/hr to 1 mR/hr  
 Maximum range: 0 mR/hr to 100 mR/hr
- b. Manufacturer's name: VICTOREEN  
 Manufacturer's model number: Model 491  
 Number of instruments available: 1  
 Minimum range: 0 mR/hr to 0.1 mR/hr  
 Maximum range: 0 mR/hr to 100 mR/hr

2. Dose calibrator

Manufacturer's name: RADIX  
 Manufacturer's model number: ASSAYR 1  
 Number of instruments available: 1

3. Instruments used for diagnostic procedures

Type of Instrument	Manufacturer's Name	Model No.
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4. Other (e.g., liquid scintillation counter, area monitor, velocimeter)



**APPENDIX J**  
**WASTE DISPOSAL**

**Note:** In view of the recent problems with shallow-land burial sites used by commercial waste disposal firms, NRC is encouraging its licensees to reduce the volume of wastes sent to these facilities. Important steps in volume reduction are to segregate radioactive from nonradioactive waste, to hold short-lived radioactive waste for decay in storage, and to release certain materials in the sanitary sewer in accordance with § 20.303 of 10 CFR Part 20.

**1. Liquid waste will be disposed of (check as appropriate)**

☐ In the sanitary sewer system in accordance with § 20.303 of 10 CFR Part 20.

☐ By commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

**2. Mo-99/Tc-99m generators will be (check as appropriate)**

☐ Returned to the manufacturer for disposal.

☒ Held for decay\* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the generators will be disposed of as normal trash.\*\*

\* Be sure that waste storage areas were described in Item 11 and that they are surveyed periodically (Item 17).

\*\* These generators may contain long-lived radioisotopic contaminants. Therefore, the generator columns will be segregated so that they may be monitored separately to ensure decay to background levels prior to disposal.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

**\* 3. Other solid waste will be (check as appropriate)**

☐ Held for decay\* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the waste will be disposed of in normal trash.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

**4. The commercial waste disposal service used will be**

(Name) \_\_\_\_\_

(City, State) \_\_\_\_\_

NRC/Agreement State License No. \_\_\_\_\_

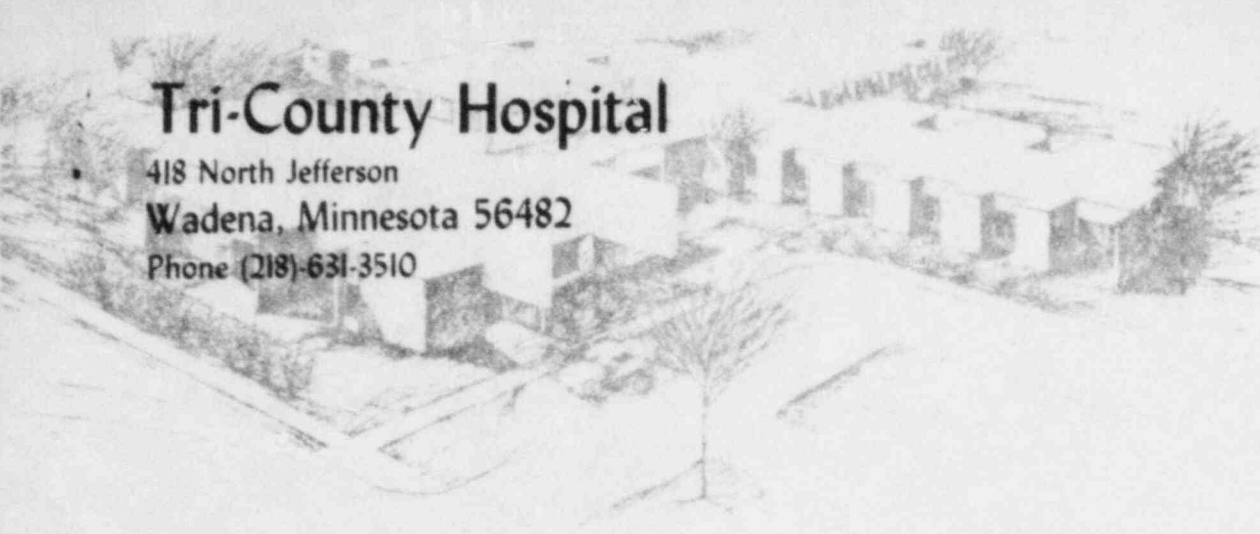
TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Larry C. Mayne</i>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>N.C.R.T.</i>
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Vanderbilt Hospital School of R.T. 1970-1972</i> <i>General Electric Basics of Nuclear Medicine May 1981</i>		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Tc 99m</i>	<i>500 mCi</i>	<i>Tulsa County Hospital</i>	<i>4 years</i>	<i>MEDICAL</i>



# Tri-County Hospital

418 North Jefferson

Wadena, Minnesota 56482

Phone (218) 631-3510

Tri County Hospital Radio Isotope Committee

Bruce Erdahl, M.D. Radiation Safety Officer

Larry Mayer, Chief R.T.

George Gerlach, Asst. Administrator, Director of Nurses

Jerry Wegscheid, Purchasing, Houskeeping and Laundry Dept. Head

Paula Jackson, M.T., Laboratory Dept. Head

JUN 18 1985

Tri-County Memorial Hospital  
ATTN: James G. Lawson  
Administrator  
418 North Jefferson Street  
Wadena, MN 56482

License No. 22-18921-01

SUBJECT: LICENSE RENEWAL APPLICATION

Gentlemen:

This is to acknowledge receipt of your application for renewal of the materials license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for renewal, however, does not contain sufficient information for us to finish our review.

Enclosed is NRC Regulatory Guide 10.8 which outlines minimal information required to complete our review of your request. Please follow this guide item by item supplying the appropriate information which currently reflects your program.

Your resubmission should be received within 30 days from the date of this letter in duplicate and refer to Mail Control No. 78712. Should you have any questions regarding the above or your license, you may contact me at (312) 790-5625.

Sincerely,

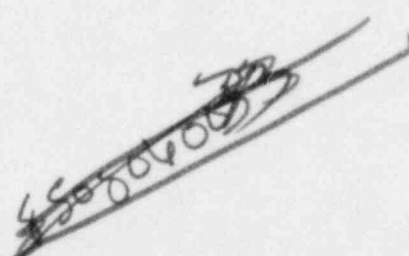
Original Signed By  
James R. Mullauer  
Materials Licensing Section

Enclosure: Regulatory Guide 10.8

RIII

Mullauer/jl  
6/14/85

*dup of*

A handwritten signature, possibly "JRM", is written over a series of diagonal lines. Below the signature, the text "450-000000" is written.