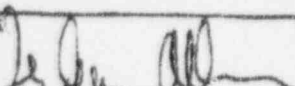


NRC FORM 314 (3-80) 10 CFR 20.26(c)(1)(iv) 10 CFR 40.42(c)(1)(iv) 10 CFR 70.26(c)(1)(iv)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: 3150-0028 EXPIRES: 4/30/92	
CERTIFICATE OF DISPOSITION OF MATERIALS					
INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. (All items MUST be completed—print or type)					
LICENSEE NAME AND ADDRESS Provalid Corp. c/o Vidar Systems Corp. 460 Spring Park Place Herndon, VA 22070				LICENSE NUMBER 45-25060-01	
				LICENSE EXPIRATION DATE May 31, 97	
THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)					
A. MATERIALS DATA (Check one and complete as necessary)					
<input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.					
<input checked="" type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.) Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions, including the disposition of low-level radioactive waste, mixed waste, greater-than Class C waste, and sealed sources, if applicable. See attached letter. For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number. See enclosure 1. If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).					
B. OTHER DATA					
<input checked="" type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED. PLEASE TERMINATE IT.					
2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one) <input checked="" type="checkbox"/> NO (attach explanation) <input type="checkbox"/> YES. THE RESULTS (check one): <input type="checkbox"/> ARE ATTACHED, OR <input type="checkbox"/> WERE FORWARDED TO NRC ON (date):					
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM NAME: Anders Ohlsson TELEPHONE NUMBER: Int. +46 40 40 55 40					
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO Vidar Systems Corp. Attn. Jeff Clark 460 Spring Park Place Herndon, VA 22070					
CERTIFYING OFFICIAL					
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.					
SIGNATURE: 				DATE Aug 23, 96	
PRINTED NAME AND TITLE Anders Ohlsson, RSO					
WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.					

NRC FORM 314 (3-80)

Faxed to KII 11/19/96

Postmarked 8/28/96

9703060193 970228
PDR RC *
SSD PDR



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARSHALL STREET, N.W., SUITE 2000
ATLANTA, GEORGIA 30303

TELEFAX

TO: PROVALTD CORP. License # 15 -25060 - 01

Attn: Anders Ohlsson or Mary Jefferson Title: _____

FAX: (203) 471-465 CITY _____, STATE _____

FROM: Diana Main TITLE: Lin. Asst.

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE: 1/30/95

FAX: (404) 331 - 7437 VOICE: (404) 331 - 4673

SUBJECT: YOUR REQUEST FOR TRANSFER OR TERMINATION OF NRC LICENSE

Please provide the following certification, in addition to the NRC FORM 314 (Certificate of Disposition of Materials):

All records important to the safe and effective decommissioning of the facility (10 CFR 30.35(g), 40.36(f), 70.25(g), and 72.30(d)); and all records concerning public dose and waste disposal, have been transferred to:

☐ 1. Name: _____ [Successor]
License # _____ Street: _____
City: _____, State: _____

OR

☒ 2. USNRC, Attn: Nuclear Materials Licensing Section, at the above address, AND

☒ 3. There is no residual contamination of the facility or environs from licensed materials.

Signature: [Signature] Date Aug 23 96

Printed Name and Title: ANDERS OHLSSON, RSO