

The main reason(s) I have recommended this installation be implemented is:

I certify that (name(s) of individual, company, elected officials, government agency) do (does) not have any outstanding health and/or legal (claims, disputes) regarding this technology at this time.

Please note exceptions:

This is to verify that any adverse health effects attributed to this installation will be covered by our insurance policy provided by:

Your name: *(Please print)* _____

Your title and official position:

Today's date: _____

Your signature: _____

Witnessed by: _____

For your information, a list of the individuals who have been sent this letter has been sent to (media names).

As there is strong community interest in this issue they have been sent a copy of this letter and asked to follow up with you.

(This is available at: www.radiationrescue.org)