

PURCHASER INFORMATION

RESTRICTED CHEMICAL COMPLIANCE INQUIRY

This form applies to the purchase of any gas or material listed in the Compressed Gas Association publication P-20 entitled Standard for the Classification of Toxic Gas Mixtures, 10 CFR §110 (Nuclear Regulatory Commission), 21 CFR §1309 and 1310 (Drug Enforcement Administration), and 40 CFR Part 82 (Environmental Protection Agency Stratospheric Ozone) regulations.

Matheson Tri-Gas, Inc. ("Matheson"), in conformance with its obligations as a provider of potentially hazardous materials requires that you provide the following information and that the information provided be true and correct. Matheson will not ship the requested products unless the requested information is provided. Further, depending upon the quality and content of the information provided below by you, Matheson may decide in its sole discretion to refuse to ship the requested products. Please return the original or fax the completed and signed form to the designated Matheson Customer Service Representative.

| Complete Legal Name of Entity Purchasing the product: Prometheus Fusion Perfection INC |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: 544 Park Ave #31, Brooklyn NY, 11205 |
| Type of and Place of Formation: New York C Corp |
| Shipping address: (Attach sheet if more than one shipping address) 544 Park Ave, 3rd Floor, Brooklyn NY, 11205 |
| INTENDED USE INFORMATION |
| What is the intended use of the product? Inertial Electrostatic Confinement / Bussard Reactor Research |
| If you are not the end user, please provide name and address of the ultimate end user. Name: Address: |
| IDENTIFICATION INFORMATION |
| Federal Employer Tax Identification Number: 26-2585863 |
| Dunn & Bradstreet Number: NA |
| Other (required if either FEIN or D&B number is not available): |
| SAFETY/SECURITY INFORMATION |
| Do you have a documented safety management system in place? Yes X No |
| If yes, provide contact information for person in charge in addition to attaching applicable written policies and/or procedures regarding your safety management system: |
| Do you have a formal security system in place? Yes No No |
| If yes, please provide contact information for person in charge in addition to attaching any applicable written policies and/or procedures regarding your security system: Name: Phone number: |



| Do you have an emergency res | ponse and/or preparednes | s team? Yes 🗌 No 💢 | |
|--------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------|
| If no, do you have an arrangem Yes ☐ No 🙀 | ent with a qualified emerg | ency response provider who can | respond to an incident? |
| If yes, please list the name and Name: | contact information of the Phone n | provider (including phone numb umber: | per) |
| PRODUCT INFORMATION | | | |
| Product(s): | Quantity: | Type of Packaging: | Mode of shipment: |
| Lecture Bottle Deuteri | um 1 | | |
| | | | |
| | | | |
| If product is Deuterium you mu | | | (50 0(44-2)) |
| Yes No X If yes, identify the final destinat | ion of the product: | used outside of the United Stat | |
| If the Deuterium will be used in list locations: | or be transferred to any o | ther country before it reaches th | ne final destination, please |
| If product is a DEA Chemical y | ou must complete this sec | etion: | |
| DEA Registration number: | (List I Chemicals only) | | |
| | | ical you must complete this sec | |
| Please indicate the percentage | e of the Class 1 material ye | ou are purchasing that will be us | ed in each category: |
| , ——— | iial use laboratory applicati | | |
| | tial use refrigerant-related | applications tory applications) meeting the de feedstock percentage is being s | efinition of "transform" as hipped. |
| | a feedstock you must read a | | |
| Purchaser will no | | nder Section 4682(d)(2)(B) of the Ir | nternal Revenue Code for any |



Purchaser understands that any use of the ODC to which this inquiry applies, other than as a feedstock or for other essential uses, may result in the withdrawal by the Internal Revenue Service of Purchaser's right to purchase the applicable products listed in this inquiry.

Purchaser will retain the business records needed to document the uses of the ODC to which this inquiry

applies and will make such records available for inspection by government officers.

Purchaser has not been notified by the Internal Revenue Service that its right to provide the information requested in this inquiry has been withdrawn.

Purchaser understands that the fraudulent disclosures made in this inquiry may subject Purchaser and all parties submitting information contained in this inquiry to a fine or imprisonment or both together with the costs of prosecution.

I have read and understand the information that is related to using ODC as feedstock: Signature:

BY EXECUTING BELOW, YOU HEREBY CERTIFY THAT (a) YOU ARE DULY AUTHORIZED TO PROVIDE THIS INFORMATION ON BEHALF OF THE PURCHASER; (b) THAT THE ABOVE INFORMATION IS TRUE AND CORRECT: (c) THAT YOU WILL NOTIFY MATHESON SHOULD ANY OF THE FOREGOING INFORMATION CHANGE OR OTHERWISE BECOME UNTRUE IN THE FUTURE; (d) THE PRODUCT(S) WILL NOT BE USED IN CONNECTION WITH ANY ILLEGAL ACTIVITIES; (e) THE PRODUCT(S) WILL BE USED ONLY BY TRAINED TECHNICIANS FAMILIAR WITH THE SAFE HANDLING OF SUCH PRODUCT(S); AND (f) ALL REQUIRED APPROVALS HAVE OR WILL PROMPTLY BE OBTAINED REGARDING THE FUNDING FOR THE PURCHASE OF THE PRODUCTS AND THE PURCHASE OF THE PRODUCTS THEMSELVES. YOU FURTHER CERTIFY ON BEHALF OF THE PURCHASER, IF THE PURCHASER IS A DISTRIBUTOR OR IS OTHERWISE NOT THE END USER OF THE PRODUCT(S), THAT (i) END USER UNDERSTANDS THE RESTRICTIONS ASSOCIATED WITH THE PRODUCT(S); (ii) PURCHASER WILL MAINTAIN IN ITS FILES CURRENT AND COMPLETE INFORMATION REGARDING ALL CONTEMPLATED AND FUTURE END USERS OF THE PRODUCT(S) AND SHALL PROVIDE THE SAME TO MATHESON UPON ITS REQUEST; (iii) THE PRODUCT(S) WILL NOT BE USED BY END USER IN CONNECTION WITH ANY ILLEGAL ACTIVITIES; AND (iv) THE PRODUCT(S) WILL BE USED BY END USER ONLY BY TRAINED TECHNICIANS FAMILIAR WITH THE SAFE HANDLING OF SUCH

| PRODUCT(S). | |
|-----------------------------------------------------------------------|------------------------------------------------------|
| Signature: | |
| Printed Name: Mark Suppes | |
| Title: CEO | Date: June 16 2009 |
| | sed by a university, research or laboratory facility |
| Signature of Lead Buyer (if a university or research or laboratory fa | cility) |
| Printed Name of Mark Suppes | |
| Lead Buyer (if a university or research or laboratory fa | acility) |
| Contact Information (Phone) 347-420-1608 | |
| Title: CEO | Date: June 16 2009 |
| Name of Matheson Customer Service Representative | :Bonnie Haltzman |