RECEIVED REGION 1

DATE: 6/5/03

Shirley Crutchfield, OCFO/DAF/LFARB PM 1: 09

FROM: Sheryl Villar, RI/DNMS/LAT

16 JUN 03 2: 10

Region I Transmittal Form for Initial Reciprocity Submittals (NRC FORM 241)

LICENSEE NAME:

Frank W. Whitcomb

LICENSE NO.

NH -274R

APPLICATION DATE: _____ 6/6 / 03

RTS LOC. REF. NO. 000765

CHECK NO. 20328

CHECK AMOUNT \$_ /, 400 . 00

PACKAGE ACCESSION NO. IN ADAMS: ML 031560521

ATTACHMENTS:

- 1. CHECK
- 2. COPY OF CHECK

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Remitter	
Check No. 20328 Amount 4/400	
Fee Category	
Type of Fee LLD-y	~ -
Date Check Rec'd	
Cinta Completed 6/20/03	

Rev. 05/22/02