

DATE: 6/5/03

TO: Shirley Crutchfield, OCFO/DAF/LFARB
FROM: Sheryl Villar, RI/DNMS/LAT

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

LICENSEE NAME: Pine & Swallow Associates, Inc.

LICENSE NO. MA-30-1051

APPLICATION DATE: 6/3/03 RTS LOC. REF. NO. 000764

CHECK NO. 13619 CHECK AMOUNT \$ 1,400.00

PACKAGE ACCESSION NO. IN ADAMS: ML031560519

- ATTACHMENTS:
1. CHECK
2. COPY OF CHECK

22 52 50 NOV 03

Log	<u>Jun 1 241</u>
Remitter	
Check No.	<u>13619</u>
Amount	<u>1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	
Date Completed	<u>6/20/03</u>
By	<u>SC</u>