

RECEIVED
REGION 1

DATE: 7/1/03

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: Briggs Associates

LICENSE NO. RI-3D-083-02

APPLICATION DATE: 06/30/03 RTS LOC. REF. NO. 000839

CHECK NO. 9768 CHECK AMOUNT \$ 1400.00

97 51 50 77 8

PACKAGE ACCESSION NO. IN ADAMS: ML03182003

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

Log	<u>Jul 2 241</u>
Remitter	
Check No.	<u>9768</u>
Amount	<u>\$1400</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	
Date Completed	<u>7/1/03</u>
By	<u>SC</u>

Rev. 05/22/02