

Building 340 Rm. 203
Newark Liberty International Airport
Newark, New Jersey 07114
Phone: (973) 596-1200
Fax: (973) 596-9212

Institute for Better Breathing

To: Reynold Ragland Jr. Fax: 610-337-5269
From: Unmesh Patel Date: 12-28-04
Re: Zip code Pages: 1
CC:

Urgent For Review Please Comment Please Reply Please Recycle

Institute for Better Breathing
Dr. Manmohan Patel

Docket # 03036660
License # 29-30952-01
Control # ~~135629~~ 136209
mm

The correct zip code here in Newark is
on 07114. Please make this change
on our NRC License. Thank you
Very much.

Unmesh Patel CRJ/KM

136209

NMSS/RGNI MATERIALS-002

.....REF: 135629.....

This is to acknowledge the receipt of your letter/application dated

12/28/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-30952-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136209.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20141130
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: INSTITUTE FOR BETTER BREATHING
 Received Date: 20041228
 Docket No: 3036660
 Control No.: 136209
 License No.: 29-30952-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed M.A. Perbin
 Date 12/28/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____