

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03320
: Status Code: 0
: Fee Category: 30 2B
: Exp. Date: 20110131
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: QUALITY TESTING SERVICES, INC.
Received Date: 20041220
Docket No: 3035610
Control No.: 314009
License No.: 24-32292-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS
Signed D.A. Hersey
Date 1-10-2005

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 _____