BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WALLACE & ASSOCIATES, LLC
Received Date: 20050214
Docket No: 3036875
Control No.: 314145
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: $1300.00
Check No.: 19479

3. COMMENTS

Signed D.A. Hersey
Date 2-23-2005

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

1. Fee Category and Amount: _____ See attached referral sheet

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

3. OTHER _____

Signed _____
Date _____

TAX ID _____ LICENSE NO. _____
DOCKET NO. 03036875

DIVISION OF FINANCIAL MANAGEMENT
REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Wallace and Associates, LLC

ATTN: David A. Chenoweth

ADDRESS: 15307 M-60, P.O. Box 315

CITY: Three Rivers **STATE:** MI **Zip:** 49093

TRANS CODE: **PX**

FUND: **X6205** **TOTAL REFUND AMOUNT:** $100.00

COMMENTS: Docket 03036875/Ck 19479/Renewal Refund
(limit comments to 40 characters, including spaces)

PREPARED BY: Brenda E. Brown **DATE:** 3/17/05

AUTHORIZED BY: William H. Blaney **DATE:** 3/17/05

REFUND DETERMINED BY: _____ **DATE** _____

Licensee submitted an 3P application
Check 19479 amount is $1,300.00.
Application refund is due in the amount
of $100.00.
Log - Mar 1 (Region III)
Mail control 314145

SUPPORTING DOCUMENT IS ATTACHED