BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03121
Status Code: 2
Fee Category: 3P
Exp. Date: 20040930
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: HANNIBAL TESTING LABORATORIES, INC.
   Received Date: 20040830
   Docket No: 3021086
   Control No.: 313629
   License No.: 24-23444-01
   Action Type: Renewal

2. FEE ATTACHED
   Amount: $1200.00
   Check No.: 16311

3. COMMENTS

Signed D. A. Hersey
Date 9-17-2004

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

1. Fee Category and Amount: 3P 3y 99 Full Rate

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

3. OTHER _____

Signed _____
Date _____

Sept 1 - Fee 1200
Check No. 16311 } Renewal Refunded
Amount $1200 } No Fee Due
Fee Category
Type of Fee REN
Date Check Rec'd 9/29/04
Date Completed
By LDR