

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02500  
Status Code: 0  
Fee Category: 3C  
Exp. Date: 20131231  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MEDI-PHYSICS, INC.  
Received Date: 20050228  
Docket No: 3036453  
Control No.: 314228  
License No.: 24-32462-01MD  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed D. A. Hersey  
Date 3-18-2005

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 \_\_\_\_\_