

(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 2B  
Exp. Date: 20120831  
Fee Comments:  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MEDI-PHYSICS, INC.  
Received Date: 20050228  
Docket No: 3029642  
Control No.: 314226  
License No.: 21-24828-01MD  
Action Type: Amendment

2. FEE ATTACHED  
Amount: 0  
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 \_\_\_\_\_