

(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: 20110630
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEDI-PHYSICS, INC.
Received Date: 20050228
Docket No: 3034090
Control No.: 314227
License No.: 21-26707-01MD
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed D. A. Hensley
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 _____