

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7A 2B
: Exp. Date: 20140630
: Fee Comments: _____
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SOUTHWESTERN INDIANA RADIATION
Received Date: 20050705
Docket No: 3030712
Control No.: 314599
License No.: 13-25945-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: ~~_____~~

3. COMMENTS

Signed D.A. Hersey
Date 7-26-2005

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 _____