

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 21325
Status Code: 0
Fee Category: 14
Exp. Date: 20051231
Fee Comments: EFF8/99/OH/8/15/00EMAIL_?
Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BATTELLE MEMORIAL INSTITUTE
Received Date: 20051031
Docket No: 7000008
Control No.: 314967
License No.: SNM-7
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 11-1-2005

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 _____