

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req: -

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ADEM, ANTOINE M., M.D.
Received Date: 20060316
Docket No: 3037184
Control No.: 315320
License No.:
Action Type: New Licensee

matu-06

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 2117

3. COMMENTS

Signed *J. A. Hersey*
Date *4-4-2006*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / *S*)

1. Fee Category and Amount: _____

See attached sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License /

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Apr 1 (Region III)

Mail control: 315320

Licensee Name: Adem, Antoine M., M.D.

License Number: New

Check Number: 2117 + / Credit card payment

Amount: \$1,900.00 +/- \$200.00

Fee Category: 7C

Type of fee: Application

Date Received: 05/12/06

Completed by: Brenda Brown

LICENSE FEE REQUIREMENTS

ATTN: BRENDA BROWN
U.S. Nuclear Regulatory Commission
License Fee and Accounts Receivable Branch
P. O. Box 954514
St. Louis, MO 63195-4514

ANTOINE ADEM, M.D.
P.O. BOX 547
CRYSTAL CITY, MO 63019

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

LICENSE NUMBER

CONTROL NUMBER

315320

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of 10 CFR Part 170. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$ 2,100.00	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. FEE NOT REQUIRED

- Check Number _____ Enclosed is your check which accompanied your request. The fee is not required because:
- Check Number _____ We received your check listed in payment of the fee.
- Date of Request _____ The Licensing staff has informed us that your request is to be considered as a continuation of the request listed.
- Control Number _____
- Date of Request _____ Your request was combined, prior to review, with the request listed.
- Control Number _____

III. CHECK RETURNED

- Check Number _____ Enclosed is your check which was returned to us by the bank for:
- INSUFFICIENT FUNDS
- ACCOUNT CLOSED
- OTHER

FEE(s) DUE	\$ 2,100.00
PAYMENT RECEIVED	\$ 1,900.00
AMOUNT DUE	\$ 200.00

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- License Number _____ Amendment Number _____ Date Issued _____ The listed license was issued without the required fee being collected. The fee required is noted in Section I of this form.
- The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

- Your request was received without the prescribed application fee.
- We received your check listed below. Payment of the additional fee noted above is required.
2117 Check Number
\$ 1,900.00 Amount
- Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).
- Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST
Brenda Brown
BRENDA BROWN 301-415-6055

(LEAVE BLANK)

DATE
04/24/2006