

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03219
: Status Code: 0
: Fee Category: 1D 2C 3N
: Exp. Date: 20160630
: Fee Comments:
: Decom Fin Assur Reqd: N
:.....

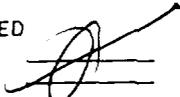
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SCIENCE APPLICATIONS INT'L CORP
Received Date: 20060816
Docket No: 3037229
Control No.: 315649
License No.: 24-32591-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 8-21-06

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 _____