

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 21325
 : Status Code: 1
 : Fee Category: EX 14A
 : Exp. Date: 20070930
 : Fee Comments: EFF8/99/OH/8/15/00EMAIL_?
 : Decom Fin Assur Req'd: Y
 : ::

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: BATTELLE MEMORIAL INSTITUTE
 Received Date: 20071106
 Docket No: 7000008
 Control No.: 316669
 License No.: SNM-7
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.:

3. COMMENTS

Signed Rosemary Jones
 Date 10/8/07

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 _____