

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 21325
: Status Code: 0
: Fee Category: EX 14A
: Exp. Date: 20080331
: 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: 20080110
Docket No: 7000008
Control No.: 316805
License No.: SNM-7
Action Type: Decommissioning

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Jan
Date 1-11-08

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 _____