

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02500
: Status Code: 0
: Fee Category: 3C
: Exp. Date: 20131231
: Fee Comments:
: Decom Fin Assur Req: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MEDI-PHYSICS, INC.
Received Date: 20071030
Docket No: 3036453
Control No.: 316671
License No.: 24-32462-01MD
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones
Date 11/8/07

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 _____