BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: HEMLOCK SEMICONDUCTOR CORPORATION
   Received Date: 20080108
   Docket No: 3037611
   Control No.: 316872
   License No.:
   Action Type: New Licensee

2. FEE ATTACHED
   Amount: ~~$~~ 1,400.00 see attached NRC Form 629
   Check No.: ~~_____~~ VISA 4275330001543033

3. COMMENTS

Signed Rosenagl/on
Date 2-7-08

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 _____