

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)

INFORMATION FROM LTS

Program Code: 03251
Status Code: 0
Fee Category: 3I
Exp. Date: 20171130
Fee Comments:
Decom Fin Assur Regd: N

LICENSE FEE TRANSMITTAL

A. REGION *HQ*

1. APPLICATION ATTACHED
Applicant/Licensee: SUPRA BRANDS GROUP LLC
Received Date: 20100121
Docket No: 3037553
Control No.: 022801
License No.: 04-23959-01E
Action Type: Amendment

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

Signed _____
Date _____

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 _____

LTS WORKSHEET

DOCKET NO : 03037553 LICENSE NO : 04-23959-01E STATUS: 0
MAIL CONTROL: 022801 RECEIPT DATE : 20100121 ACTION TYPE: 4
DUE DATE : 20100421

FED. GOVT : C INST. CODE : 23959 LICENSE REGION: 0

ISSUE DATE: 20090519 ORIGINAL DATE: 20071105 EXPIRATION DATE: 20171130

NAME : SUPRA BRANDS GROUP LLC DECOM FIN ASSUR REQD: N
SUBM: -

DEPT/BUREAU: _____ CONT PLAN REQD: N APPRV: -

BUILDING : _____

STREET : 986 SALVADOR AVE STATE: CA ZIP: 94558

CITY : NAPA PHONE: 415-725-6666

CONTACT PERSON: LEIF VASSTROM

PRIMARY PGM CODE : 03251 SECONDARY PGM CODES: _____

INSPECTION REGION: 4 PRIORITY CODE: 5 INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: LEIF VASSTROM

RSO PHONE: 415-725-6666 RSO FAX NUMBER: 415-520-5318

RSO EMAIL ADDRESS: LVASSTROM "AT" COVAD.NET

STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
2 - ALL STATES
3 - NON-AGREEMENT STATES

AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS GRANTED : _____

EXEMPTIONS REQUESTED: _____

EXEMPTIONS DENIED : _____

POSSESSION LIMIT INFORMATION

MATERIAL TYPE : NPA
MODEL NUMBER :
DESCRIPTION :
TOTAL QUANTITY : 0000000.000000000
OTHER :
FORM CODE: NPA
AGGREGATE CODE: NPA
UNIT: _____
SOURCES: _____

MATERIAL TYPE :
MODEL NUMBER :
DESCRIPTION :
TOTAL QUANTITY :
OTHER :
FORM CODE: _____
AGGREGATE CODE: _____
UNIT: _____
SOURCES: _____

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MODEL NUMBER :
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TOTAL QUANTITY :
OTHER :
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OTHER :
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MATERIAL TYPE :
MODEL NUMBER :
DESCRIPTION :
TOTAL QUANTITY :
OTHER :
FORM CODE: _____
AGGREGATE CODE: _____
UNIT: _____
SOURCES: _____

NAME

AUTHORIZATION

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING: * _____
 ROOM: UNIT 12115 _____
 STREET: 1135-1145 GOLDEN GATE AVENUE _____
 CITY: NAPA _____
 STATE: CA 94558 _____
 INSPECTION DATE: _____ INSPECTION DATE: _____

BUILDING: _____
 ROOM: _____
 STREET: _____
 CITY: _____
 STATE: _____
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