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# Ricerca, Inc.

Certified Mail # P 024 844 003

August 23, 1993

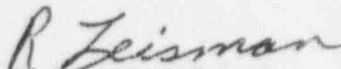
U. S. Nuclear Regulatory Commission  
License Fee and Debt Collection Branch  
P. O. Box 954514  
St. Louis, MO 63195-4514

Dear Sir:

I am returning Invoice number AM04203-93. License number 34-00583-06 has been terminated. No annual fee should be required.

If there is a problem or you have questions, please contact me at (216)357-3574.

Sincerely,

  
Richard J. Leisman  
Safety and Hazardous  
Materials Officer

src/220

Enclosure

9606190309 960531  
PDR FOIA  
DUGAS96-73 PDR

7528 Auburn Road • P.O. Box 1000 • Painesville, Ohio 44077-1000  
Telex: 196212RICERCA UT • Fax: 216/354-4415 • 216/357-3300

U. S. NUCLEAR REGULATORY COMMISSION  
FY 93 Annual Materials Fee Invoice  
10 CFR 171.16

Invoice Date  
=====

Invoice Number  
=====

08/21/1993

AM04203-93

RICERCA, INC.  
ATTENTION: RADIATION SAFETY OFFICER  
P.O. BOX 191  
7528 AUBURN RD.

CONCORD TOWNSHIP OH 44077

\*\*\*\*\* Mark THIS COPY with any billing address changes \*\*\*\*\*

License/Approval/ Registration/ Certificate Number	Code	Annual Fee Category(s)	Fee Amount	Surcharge Amount
=====	=====	=====	=====	=====
34-00583-06	ANN	3E	\$ 3,500.00	\$ 120.00
			-----	-----
		TOTAL:	\$ 3,500.00	\$ 120.00
		TOTAL INVOICE:	\$ 3,620.00	

Make Checks Payable To:

=====

U.S. Nuclear Regulatory Commission  
License Fee & Debt Collection Branch  
PO Box 954514  
St. Louis, MO 63195-4514

<=== This PO Box address is  
<=== for receipt of payments  
<=== only.

Terms and conditions are attached. Nonpayment of your annual fee  
may result in the revocation of your license(s) in accordance with  
the enforcement provisions of 10 CFR 171.23 of the Commission's  
regulations.

\*\*\*\*\*  
\* \* \* \* \*  
\* P A Y M E N T C O P Y \*  
\* \* \* \* \*  
\*\*\*\*\*

==> To ensure accurate credit, return this copy of the <===  
==> invoice with your payment. Processing may be <===  
==> delayed if the invoice is not included. <===

U. S. NUCLEAR REGULATORY COMMISSION  
FY 93 Annual Materials Fee Invoice  
10 CFR 171.16

Invoice Date  
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Invoice Number  
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08/21/1993

AM04203-93

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P.O. BOX 191  
7528 AUBURN RD.

CONCORD TOWNSHIP OH 44077

\*\*\*\*\* Mark PAYMENT COPY with any billing address changes \*\*\*\*\*

License/Approval/ Registration/ Certificate Number	Code	Annual Fee Category(s)	Fee Amount	Surcharge Amount
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\*  
\* L I C E N S E E C O P Y \*  
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