

DATE: 2/20/02

TO: Shirley Crutchfield, OCFO/DAF/LFARB
FROM: Sheryl Villar, RI/DNMS/LAT

Region I Transmittal Form for
Reciprocity Submittals (NRC FORM 241)

(X) INITIAL 241 PACKAGE

() REVISION

LICENSEE NAME: John Turner Consulting, Inc.

LICENSE NO. NH-423R

CHECK NO. 5677
5666

CHECK AMOUNT \$ 200.00
1,200.00

PACKAGE ACCESSION NO. IN ADAMS: ML 020510378

ATTACHMENTS:

1. CHECK
2. COPY OF CHECK

2 cfs

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Log	<u>NW 1 241</u>
Remitter	
Check No.	<u>5666 5677</u>
Amount	<u>1200 1200</u>
Fee Category	<u>16</u>
Type of Fee	<u>App</u>
Date Check Rec'd.	
Date Completed	<u>3/7/02</u>
By:	<u>SC</u>

Rev. 04/19/01