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(FOR LFMS USE)
INFORMATION FROM LTS
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Program Code: 02230
Status Code: 0
Fee Category: 7A 2B
Exp. Date: 20140630
Fee Comments: _____
Decom Fin Assur Req'd: N
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License Fee Management Branch, ARM
and
Regional Licensing Sections

APPLICATION ATTACHED
 Applicant/Licensee: SOUTHWESTERN INDIANA RADIATION
 Received Date: 20050705
 Docket No: 3030712
 Control No.: 314599
 License No.: 13-25945-01
 Action Type: Amendment

Amount:
Check No.:

Signed D. A. Hensley
Date 7-26-2005

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____