

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 21325  
Status Code: 0  
Fee Category: 14  
Exp. Date: 20051231  
Fee Comments: EFF8/99/OH/8/15/00EMAIL\_?  
Decom Fin Assur Req: Y  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BATTELLE MEMORIAL INSTITUTE  
Received Date: 20051031  
Docket No: 7000008  
Control No.: 314967  
License No.: SNM-7  
Action Type: Amendment

2. FEE ATTACHED

Amount: 0  
Check No.: 0

3. COMMENTS

Signed D.A. Hersey  
Date 11-7-2005

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 \_\_\_\_\_