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TRI-COUNTY CANCER CARE CENTER, INC.

939 Memorial Drive • Suite 102 • Jasper, Indiana 47546 • (812) 482-2212 • FAX (812) 634-9114

Al Korba, M.D.
Aly Razek, M.D.

Devdas Sheth, M.D.
Radiation Oncologist
Medical Director

Radiological Physicist:
Arnold Sorensen, B.S.
Saiyid Masroor Shah, Ph.D.

September 10, 1996

US NUCLEAR REGULATORY COMMISSION
LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH
P O BOX 954514
ST LOUIS MO 63195-4514

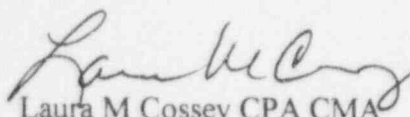
Subject: License Certificate Number 13-24760-02
Tri-County Cancer Care Center
939 Memorial Drive, Suite 102
Jasper IN 47546

Dear Licensing Authority:

Tri-County Cancer Care Center in Jasper, IN no longer has a radiotherapy cobalt unit. This unit was replaced with a linear accelerator in September, 1995. Therefore, no license fee is due.

If you have questions, please contact Arnold Sorensen, Medical Physicist, at (812) 474-1110.

Sincerely,

 CPACMA
Laura M Cossey CPA CMA
Chief Operating Officer
enclosure

9612060038 961202
PDR ADDCK 03029432
C PDR

• Business Office •

906 S. Hebron, P.O. Box 15040 • Evansville, Indiana 47716-0040
In Indiana, 1-800-843-7117; Outside Indiana, 1-800-331-9294 • FAX 812-477-4153

U. S. NUCLEAR REGULATORY COMMISSION
FY 96 Annual Materials Fee Invoice
Period 10/1/1995 - 9/30/1996
10 CFR 171.16

Invoice Date
=====

License Anniversary Month
=====

Invoice Number
=====

08/22/1996

September

AM6141-96

TRI-COUNTY CANCER CARE CENTER
ATTENTION: RADIATION SAFETY OFFICER
SUITE 102
939 MEMORIAL DRIVE, SUITE 102
JASPER IN 47546-

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

License/Approval/ Registration/ Certificate Number =====	Code AA905 =====	Annual Fee Category(s) =====	Fee Amount =====
13-24760-02	ANN	7A	\$ 9,500.00
		TOTAL:	\$ 9,500.00
		TOTAL INVOICE:	\$ 9,500.00

If paid by Fedwire see attached Terms and Conditions. If paid by check,
make check payable to the NRC (reference Invoice no.) and mail to:

=====

U.S. Nuclear Regulatory Commission	<== This PO Box address is
License Fee & Accounts Receivable Branch	<== for receipt of payments
P.O. Box 954514	<== only.
St. Louis, MO 63195-4514	

For terms and conditions see attached.
Payment must be received within 30 days of the
date of this invoice to avoid late charges.
Questions: call 301/555-3000

* L I C E N S E E C O P Y *
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