

MATERIALS LICENSE

Amendment No. 21

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

OFFICIAL RECORD COPY

Licensee

1. Deaconess Waltham Hospital
2. Hope Avenue
Waltham, Massachusetts 02154

In accordance with the letter dated
November 8, 1996,
3. License Number 20-13486-01 is amended in
its entirety to read as follows:

4. Expiration Date June 30, 2002

5. Docket or
Reference No. 030-01965

6. Byproduct, Source, and/or
Special Nuclear Material7. Chemical and/or Physical
Form8. Maximum Amount that Licensee
May Possess at Any One Time
Under This License

- A. Any byproduct material
identified in 10 CFR
35.100
B. Any byproduct material
identified in 10 CFR
35.200
C. Iodine 131
D. Strontium 89
E. Any byproduct material
identified in 10 CFR 31.11

- A. Any radiopharmaceutical
identified in 10 CFR
35.100
B. Any radiopharmaceutical
identified in 10 CFR
35.200
C. As identified in 10
CFR 35.300
D. As identified in 10 CFR
35.300
E. Prepackaged Kits

- A. As needed
B. As needed
C. 50 millicuries
D. 300 millicuries
E. 5 millicuries

9. Authorized use

- A. Any uptake, dilution and excretion procedure approved in 10 CFR 35.100.
B. Any imaging and localization procedure approved in 10 CFR 35.200.
C. Diagnosis and treatment of hyperthyroidism, and treatment of cardiac dysfunction.
D. Any radiopharmaceutical procedure approved in 10 CFR 35.300.
E. In vitro studies.

CONDITIONS

10. Licensed material may be used only at the licensee's facilities located at Hope Avenue, Waltham, Massachusetts.
11. The Radiation Safety Officer for this license is Eric J. Sax, M.D.
12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized UsersMaterial and Use

Thomas A. LaMattina, M.D.
9704150073 970113
PDR ADOCK 03001965
C PDR

35.200 for cardiovascular clinical procedures

ML 10

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
20-13486-01

Docket or Reference Number
030-01965

Amendment No. 21

James J. Daly, M.D.	<u>In vitro</u> studies
Stuart Berman, M.D.	35.100; 35.200 Strontium 89 for radiopharmaceutical procedures approved in 35.300.
Linda Salzman, M.D.	35.200
Susan Peltz, M.D.	35.100; 35.200; <u>In vitro</u> studies
Mary K. Adamis, M.D.	35.100; 35.200; <u>In vitro</u> studies
Rifat Dweik, M.D.	35.200 for cardiovascular clinical procedures
Douglas A. Burd, M.D.	35.100; 35.200 Iodine 131 for the treatment of hyperthyroidism and cardiac dysfunction
Eric J. Sax, M.D.	35.100; 35.200; <u>In vitro</u> studies Iodine 131 for the treatment of hyperthyroidism cardiac dysfunction Strontium 89 for radiopharmaceutical procedures approved in 35.300.

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material so that at no time is a quantity of radioactive material possessed in excess of a quantity which requires decommissioning funding in accordance with 10 CFR 30.35(d), 10 CFR 40.36(b), or 10 CFR 70.25(d).
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
 - A. Application dated June 27, 1991
 - B. Letter dated March 3, 1992
 - C. Letter dated June 8, 1992
 - D. Letter dated July 22, 1996
 - E. Letter dated November 8, 1996

For the U.S. Nuclear Regulatory Commission

**ORIGINAL SIGNED BY:
JO ANN V. STAMBAUGH**

Date JAN 13 1997

By _____
Nuclear Materials Safety Branch
Region I
King of Prussia, Pennsylvania 19406

JAN 13 1997

Ms. Jeanette Clough
President/Chief Executive Officer
Deaconess Waltham Hospital
Hope Avenue
Waltham, MA 02254-9116

Dear Ms. Clough:

This refers to your license amendment request. Enclosed with this letter is the amended license.

Please review the enclosed document carefully and be sure that you understand and fully implement all the conditions incorporated into the amended license. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region I Office, Licensing Assistance Team, (610) 337-5093 or 5239, so that we can provide appropriate corrections and answers.

Thank you for your cooperation.

Sincerely,

Original Signed By:

JoAnn V. Stambaugh
Division of Nuclear Materials Safety

License No. 20-13486-01
Docket No. 030-01965
Control No. 123975

Enclosure:
Amendment No. 21

DOCUMENT NAME: R:\WPS\MLTR\L2013486.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	<input checked="" type="checkbox"/> N	DNMS/RI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Stambaugh/jvs	<i>[Signature]</i>					
DATE	12/12/96	<i>12/12/96</i>	12/ /96	12/ /96	12/ /96	12/ /96	

OFFICIAL RECORD COPY **ML 10**

TELEPHONE CONVERSATION RECORD		Date:	Time:
CONTROL No.	123975	12/12/96	10AM
Person Called:	Francis Masse'	Organization: Deacons Wether Hosp	Telephone Number: (617) 253 9217
Person Calling:	J. Stanbaugh		
Subject:	Lic Amendment		
Summary:	<p>Mr. Masse' stated that the licensee would not be using multi dose — only single dose capsules and patients would not require hospitalization. The QMP for this modality is in file letter dated August 23, 1994.</p>		
Licence No.	20-13486-01	Docket No.	030-01965
Action Required/Taken:	None		
Signature:	J. Stanbaugh	Date:	12/12/96



Deaconess Waltham Hospital

Hope Avenue
Waltham, Massachusetts
02254-9116

Telephone
617.647.6000

Telefax
617.647.6007

030-01965

November 8, 1996

U. S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

Re: License Number 20-13486-01

Gentlemen:

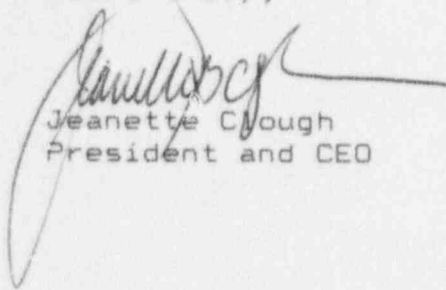
Deaconess Waltham Hospital hereby requests amendment to license number 20-13486-01 adding 131-I for treatment of hyperthyroidism or cardiac dysfunction and adding authorized users to condition 12. We request a possession limit of 50 mCi of 131-I for the additional 35,300 procedures requested.

The additional user listings requested are as follows:

1. The addition of Douglas A. Burd, M.D., a diagnostic radiologist with extensive training in nuclear medicine, for 100 and 200 plus treatment of hyperthyroidism and cardiac dysfunction. Preceptor statements and experience forms for Dr. Burd are enclosed.
2. The addition of Mary K. Adamis, M.D., a diagnostic radiologist with extensive training in nuclear medicine for 100 and 200 diagnostic procedures. Preceptor statements and experience forms are attached.
3. The addition of 89-Sr bone pain palliation and 131-I hyperthyroidism and cardiac dysfunction therapy to Dr. Eric Sax's authorized uses. A copy of his preceptor statement supporting this change is enclosed.

Also enclosed is a check for \$440.00 covering this amendment fee under Category 7C of 10 CFR Part 170. Please contact F. X. Masse at 617-253-9217 if further information is required.

Yours truly,


Jeanette Crough
President and CEO

OFFICIAL RECORD COPY ML 10

123975
NOV 29 1996

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER			
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER DOUGLAS A BURE, MD		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED MA	
3. CERTIFICATION			
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
Radiology	Diagnostic	11/94	
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING CLOCK HOURS IN LECTURE OR LABORATORY D CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE E	
a. RADIATION PHYSICS AND INSTRUMENTATION	St Vincent Hospital	7/90 - 6/94	
b. RADIATION PROTECTION	Worcester, MA		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Radiology Residency		
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)			
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS
I have worked in Diagnostic Nuclear Medicine on almost a daily basis since my Radiology Residency / Fellowship. Both at		Hospital + Ark-La-Tex Medical Center	6/95 - 7/96
Deaconess Waltham Hosp		7/96 -	to present.

U. S. NUCLEAR REGULATORY COMMISSION

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experiences, obtain a separate statement from each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS	KEY TO COLUMN C
FULL NAME	PERSONAL PARTICIPATION SHOULD CONSIST OF:
DOUGLAS A BERO MD	1-Supervised establishment of patients to determine the suitability for rad overdose diagnosis and/or treatment and recommendation for prescribed dosage.
STREET ADDRESS	2-Cooperation in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
34 ASH ST	3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
CITY	
WESTON	
STATE	
MA	
ZIP CODE	
02193	

[illegible]

PROPOSED PHYSICIAN USER

DOUGLAS A. BARR, MD

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
A-32 Caesium	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
A-32 Iodine-131	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERHIDROSIS	15	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 or Cs-137	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	250	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

7/'91 - 6/'94

1025

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE
WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Melvin H. Farmelant, M.D.

b. NAME OF INSTITUTION

Saint Vincent Hospital

c. MAILING ADDRESS

25 Winthrop St.

Worcester, MA 01604

5. NUCLEAR MEDICINE LICENSE NUMBER

20-12869-01

6. PRECEPTOR'S SIGNATURE

Melvin H. Farmelant

7. PRECEPTOR'S NAME (Print name of person)

Melvin H. Farmelant, M.D.

8. DATE

August 14, 1996

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Mary K. Adamis, MD		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED MA		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Radiology	Diagnostic	6/93		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING CLOCK HOURS IN LECTURE OR LABORATORY D CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE E		
a. RADIATION PHYSICS AND INSTRUMENTATION	Radiology Residency, Beth Israel Hospital, 1989-1993			
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

123975

U. S. NUCLEAR REGULATORY COMMISSION

Documentation is used to corroborate the qualitative physician's perception. If more than one perception is necessary to document importance, obtain a separate statement from each.

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. The undersigned understands and agrees to accept the authority for redrafting the above and for submitting and communicating for approved changes.

3-Collection in this application and actual verification of data to the extent including completion of the application form, related correspondence and processing of data.

ಇದರಲ್ಲಿಯೂ ಸರ್ಕಾರವು ಒಂದು ಸ್ವಲ್ಪ ಮಟ್ಟದ ಮಾರ್ಪಡೆ ಮಾಡಿರುವುದು ಸಹಜವಾಗಿದೆ. ಆದರೆ ಈ ಮಾರ್ಪಡೆಯು ಸರ್ಕಾರದ ಸರ್ವತೋಮುಖ ಮಾರ್ಪಡೆಯ ಒಂದು ಭಾಗವಾಗಿರುತ್ತದೆ. ಇದರಲ್ಲಿಯೂ ಸರ್ಕಾರವು ಒಂದು ಸ್ವಲ್ಪ ಮಟ್ಟದ ಮಾರ್ಪಡೆ ಮಾಡಿರುವುದು ಸಹಜವಾಗಿದೆ.

Expenditures:

[illegible]

7/18/96 10:59 617 524 0547
 JUL-17-96 06:35P ADAMIS

RADIOLOGY ADMINISTRATION

617 524 0547

P.02

PROPOSED PHYSICIAN NAME

Mary Kennedy Adamis, M.D.

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES SUPERVISED PERIODICALLY PARTICIPATION	COMMENTS (Indicate frequency of supervising and/or activities in training or clinical work)
A	B	C	
P-32 Standard	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	<p>Mary had limited exposure to these therapeutic uses of radioisotopes - most exposure was for diagnostic examinations.</p> <p>FH</p>
P-32 Rembrandt	HYPERPLASTIC TREATMENT	0	
I-125	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	0	
As-125	INTRACAVITARY TREATMENT	0	
Co-60 or Co-127	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
P-125 or P-32	INTERSTITIAL TREATMENT	0	
Co-60 or Co-127	TELETHERAPY TREATMENT	0	
P-32	TREATMENT OF THE SKIN	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Generator	GENERATOR	0	
Generator	GENERATOR	0	
Generator	REAGENT NOTE	0	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION	DATE	CLOCK HOURS OF EXPERIENCE
Beth Israel Hospital	Residency 7/09-1/93	6 months

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

1. Name of Supervisor	Ferris Hall, M.D.
2. Name of Institution	Beth Israel Hospital
3. Mailing Address	330 Brookline Avenue
4. City	Boston
5. Telephone Number	20-00742*10

5. PRECEPTOR'S SIGNATURE

Ferris Hall

6. PRECEPTOR'S NAME (Print name of preceptor)

Ferris Hall, M.D.

7. DATE

7.18.96

Victor Lee - please fax to 508 281 6702 when complete

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement A must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, attach a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS <hr/> FULL NAME Eric Jay Sax, MD <hr/> STREET ADDRESS 9 Old Sudbury Rd, Lincoln MA 01773 <hr/> CITY STATE ZIP CODE		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Observed examination of patients to determine the capability for real-time diagnosis and/or treatment and recommendation for prescribed therapy. 2-Continuation in user education and actual administration of dose to the patient including estimation of the radiation dose, related measurements and timing of dose. 3-Substantive period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheet(s))</small> D
	Thyroid scan	200	
	Thyroid uptake	200	
	Lung perfusion scan	400	
	Xenon ventilation study	50	
	Aerosol ventilation scan	350	
	Renal flow scan	150	
	Brain scan	50	
	Liver/spleen scan	30	
	Bone scan	700	
	Gastroesophageal study	30	
	LeVeen shunt study	10	
	Cystogram	20	
	Dacryocystogram	0	
	Cardiac perfusion scan	400	
	Cardiac stress ventriculogram	75	
Cardiac rest ventriculogram	125		
Gallium scan	75		

PROPOSED PHYSICIAN USER Eric J. Smith MD			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet(s)) D
A-32 (Strontium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
A-32 (Cesium)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	25	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Cs-137 or Cs-137	TELETHERAPY TREATMENT	0	
	TREATMENT OF EYE DISEASE	0	
RADIOPHARMACEUTICAL PREPARATION			
Mo-99/ Tc-99m	GENERATOR	10	
Sr-90/ Y-90	GENERATOR	0	
Tc-99m	REAGENT KITS	10	
Other			
Sr-90	Bone metastasis pain	5	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING		
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
University of Boston City Hospital Boston MA	7/8-8/14	1000

4. THIS TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR SIGNATURE	
a. NAME OF SUPERVISOR Victor W. Lee MD		[Signature] M.D.	
b. NAME OF INSTITUTION 808 Harrison Ave			
c. MAILING ADDRESS Boston, MA 02107		7. PRECEPTOR'S NAME (Please type or print) Victor W. LEE	
d. CITY		8. DATE 10.3.1996	
e. STATE/LOCAL LICENSE NUMBER			

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 20020630
FEE COMMENTS: -----
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: WALTHAM-WESTON HOSP. & MEDICAL CTR.
RECEIVED DATE: 961129
DOCKET NO: 3001965
CONTROL NO.: 123975
LICENSE NO.: 20-13486-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$440.00
CHECK NO.: 3001557

3. COMMENTS

SIGNED
DATE

R. J. Brown
12/11/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED ☒)

1. FEE CATEGORY AND AMOUNT: 7C \$440

2. CORRECT FEE PAID. ☒ APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED
DATE

SC

12/30/96

Log	<i>Dec 14 I</i>
Remitter	<i>Deaconess Waltham Hosp</i>
Check No.	<i>3001557</i>
Amount	<i>\$440</i>
Fee Category	<i>7C</i>
Type of Fee	<i>ARM</i>
Check Rec'd	<i>12/30/96</i>
Date Completed	<i>SC</i>

1996 DEC 30 AM 8:15