

MAR 11 1994

Endotronics, Inc.
ATTN: Mark Hirschel
Certifying Officer
8500 Evergreen Boulevard
Coon Rapids, Minnesota 55433

Gentlemen:

This refers to Materials License 22-20434-02 which was issued November 10, 1992. The license was issued in accordance with your application dated September 22, 1992.

Through an oversight, the license was issued without the required fee being collected. At the time your application was filed, it appeared that your request would be subject to fee Category 3P of \$170.31 of the enclosed 10 CFR 170, and the license fee of \$540.00 was paid.

However, since the license was issued to authorize laboratory research, an application fee of \$1,200.00 is required as specified in fee Category 3M of \$170.31. Accordingly, an additional fee of \$660 is required. Payment should be made to the U.S. Nuclear Regulatory Commission and mailed to the following address:

U.S. Nuclear Regulatory Commission
Attn: Shirley Crutchfield
License Fee and Debt Collection Branch, OC/DAF
Mail Stop MNBB 4503
Washington, DC 20555

We apologize for the delay in notifying you of the additional fee due and for any inconvenience this matter may cause you.

Sincerely,

Signed by Shirley A. Crutchfield

Shirley Crutchfield
License Fee and Debt Collection Branch
Division of Accounting and Finance
Office of the Controller

Enclosure:
10 CFR 170

9705140144 970512
PDR ADOCK 03018586
C PDR

Second Notice

NRC FORM 577
(10-94)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

Endotronics, Inc.
Attn: Mark Hirschel
Certifying Officer
8500 Evergreen Boulevard
Coon Rapids, Minnesota 55433

TYPE OF ACTION

- ☒ NEW LICENSE
☐ RENEWAL OF LICENSE
☐ AMENDMENT TO LICENSE

REQUESTED DATE

September 22, 1992

LICENSE NUMBER

22-20434-02

CONTROL NUMBER

394035

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
3M	\$1200	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$1200
PAYMENT RECEIVED \$540
AMOUNT DUE \$660

II. FEE NOT REQUIRED

Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

- ☐ We received your Check No. _____ in payment of the fee.
- ☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.
- ☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
☐ ACCOUNT CLOSED
☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☒ License No. 22-20434-02 Amendment No. _____, issued on November 10, 1992, was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

Shirley C. L. L.

DATE

Oct 30, 1992

U. S. NUCLEAR REGULATORY COMMISSION
FY 97 Annual Materials Fee Invoice
Period 10/1/1996 - 9/30/1997
10 CFR 171.16

Invoice Date
=====

11/16/1996

License Anniversary Month
=====

November

Invoice Number
=====

AM0845-97

ENDOTRONICS, INC.
ATTENTION: RADIATION SAFETY OFFICER
8500 EVERGREEN BLVD.
COON RAPIDS MN 55434-

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

License/Approval/
Registration/
Certificate Number
=====

22-20434-02

Code
AA905
=====

ANN

Annual Fee
Category(s)
=====

3M

Fee Amount
=====

\$ 5,100.00

TOTAL: \$ 5,100.00

TOTAL INVOICE: \$ 5,100.00

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
License Fee & Accounts Receivable Branch
P.O. Box 954514
St. Louis, MO 63195-4514

<=== This PO Box address is
<=== for receipt of payments
<=== only.

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 301/415-7554

* *
* N R C F I L E C O P Y *
* *

may 12, 1997

ACTION: R TABLEID: ARHT USERID: AL30

*** RECEIVABLE HEADER INQUIRY TABLE ***

KEY IS TRANS CODE, DOC NUM

TRANS CODE: LD DOC NUM: AM0845-97

DOC TYPE:

DOCUMENT DATE: 11 16 96

COMMENTS: 22-20434-02

PAYER CODE/NAME: 222043402 L / ENDOTRONICS, INC.

ADDRESS: 8500 EVERGREEN BLVD.

CITY: COON RAPIDS

STATE: MN ZIP: 55434 -

COLL DUE DATE: 12 17 96	LAST BILL DATE/AMT: 11 16 96 /	5,100.00
PRINT BILL: P	BILL PRINT DATE: 11 16 96	BILLED AMT: 5,100.00
INT RATE: 5.000	INT APPLY DATE: 04 21 97	INTEREST AMT: 109.80
TEXT TYPE: ADM	CHGS APPLY DATE: 04 21 97	ADM CHGS AMT: 50.00
WAIVER FLAG:	PEN APPLY DATE: 04 21 97	PENALTY AMT: 128.35
DUNNING COUNT: 02	LAST DUN DATE: 01 17 97	TOTAL AMT: 5,388.15
OVERDUE STATUS:	OVERDUE DATE:	COLLECTED AMT: 0.00
		OUTSTANDING BALANCE: 5,388.15
WRITE-OFF FLAG: P	WRITE-OFF DATE:	AGREEMENT NUM:
WRITE-OFF REASON:	WRITE-OFF AMT:	0.00
DOC CLOSING DATE:		CASE HISTORY FLAG: Y
OVERPAYMENT CAUSE:		CLOSED DOCUMENT AMT: 0.00
		REPRINT BILL AMT: 0.00