

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02310
Status Code: 2
Fee Category: 7A
Exp. Date: 20040630
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MIDWEST DIVISION - RMC, LLC
Received Date: 20040602
Docket No: 3033507
Control No.: 313420
License No.: 24-17998-02
Action Type: Renewal

Rb

2. FEE ATTACHED

Amount: \$6900.00
Check No.: 1000

3. COMMENTS

Signed D.A. Hersey
Date 6-18-2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: _____

By RMC Submitted

2. Correct Fee Paid, Application may be processed for:

Amendment _____
Renewal
License _____

3. OTHER _____

Signed _____
Date _____

Step 3
Research Medical Center
Chart No. 00001000 *No Fee Required*
Amount *\$6900* *refunded to*
licensee
Type *REN*
Date Completed *6/30/04*
BEB