

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110531
: Fee Comments: _____
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MED-SHARE, INC.
Received Date: 20041102
Docket No: 3031441
Control No.: 313856
License No.: 21-26098-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed
Date
F. L. Bernardino
11-4-4

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 _____