

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: \_\_\_\_\_  
: Status Code: 3  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req: \_\_\_\_\_  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CONESTOGA-ROVERS AND ASSOCIATES  
Received Date: 20041004  
Docket No: 3036768  
Control No.: 313939  
License No.:  
Action Type: New License

*MAILING ADDRESS  
Change From  
IL TO MI*

2. FEE ATTACHED

Amount:  
Check No.: ~~\_\_\_\_\_~~

3. COMMENTS

Signed *J. A. Hersey*  
Date *12-7-2004*

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 \_\_\_\_\_