

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 : Program Code: 03121
 : Status Code: 0
 : Fee Category: 3P
 : Exp. Date: 20090731
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: STORK/TWIN CITY TESTING
 Received Date: 20041006
 Docket No: 3035036
 Control No.: 313788
 License No.: 22-01376-05
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: d

3. COMMENTS

Signed D.A. Herr
 Date 11-18-2004

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 _____