

(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'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DEARBORN DIAGNOSTICS CENTER, LLC.
Received Date: 20050225
Docket No.: 3036892
Control No.: 314223
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 4002

3. COMMENTS

Signed D.A. Hersey
Date 3-18-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 3/22/05 07, 03/30/05)

1. Fee Category and Amount: 7C, \$1900

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

Amendment _____
Renewal _____
License ✓

3. OTHER

Signed Rosely
Date 3/30/05

R7

March 30, 2005
Application for Material License

Log:	MAR 2 III
Remitter:	DEARBORN DIAGNOSTICS CENTER, LLC.
Check No:	4002
Amount:	\$1,900
Fee Category:	7C
Type of Fee:	Application
Date Check Received:	03/22/05
Date Completed:	03/30/05
Completed by:	Rosalyn Jones