

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20050331
Fee Comments: _____
Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FERRELL-DUNCAN CLINIC
Received Date: 20041227
Docket No: 3018487
Control No.: 314032
License No.: 24-24332-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D.A. Hersey
Date 1-14-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 05 is entered /_/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____