

(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: 20120930
: Fee Comments: _____
: Decom Fin Assur Req: N
:


LICENSE FEE TRANSMITTAL

A. REGION


1. APPLICATION ATTACHED

Applicant/Licensee: CARE GROUP, LLC., THE
Received Date: 20041207
Docket No: 3019538
Control No.: 313967
License No.: 13-19923-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 12-16-04

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 _____