

(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: I.C.S. SERVICES CORPORATION
Received Date: 20050404
Docket No: 3036932
Control No.: 314375
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1300.00
Check No.: 5665

3. COMMENTS

Signed D.A. Hersey
Date 4-30-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: Fee sheet attached

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: May 2 (Region III)

Mail Control: 314375

Company Name: I.C.S. Services Corporation

License Number: NEW

Check Number: 5665

Amount Received: \$1,300.00

Amount Due: \$1,200.00

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Refund Amount: \$100

Fee Category: 3P

Type of fee: Application

Date Received: 05/10/05

Date Completed: 05/10/05

Completed by: Brenda Brown