

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 03620  
Status Code: 2  
Fee Category: EX 3M 1D  
Exp. Date: 20050331  
Fee Comments: 170.11(A)(5)  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF  
Received Date: 20050322  
Docket No: 3020621  
Control No.: 314241  
License No.: 34-07167-03  
Action Type: Renewal

2. FEE ATTACHED

Amount:                       
Check No.:                     

3. COMMENTS

Signed D.A. Hensley  
Date 3-25-2005

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 \_\_\_\_\_