

(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 3P
Exp. Date: 20041130
Fee Comments: 170.11(A)(4)
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FERRIS STATE UNIVERSITY
Received Date: 20041116
Docket No: 3008783
Control No.: 313911
License No.: 21-15237-01
Action Type: Renewal

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Horsey
Date 11-30-2004

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 _____