

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 22120
Status Code: 0
Fee Category: EX 1D 3M 2C
Exp. Date: 20140531
Fee Comments: 170.11(A)(4)
Decom Fin Assur Req: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MICHIGAN, UNIVERSITY OF
Received Date: 20050601
Docket No.: 7000192
Control No.: 314511
License No.: SNM-179
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 6-13-2005

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 _____