

BETWEEN:

```

: Program Code: 03620
: Status Code: 0
: Fee Category: EX 3P
: Exp. Date: 20150430
: Fee Comments: 170.11(A)(4)
: Decom Fin Assur Req'd: N
: .....

```

A. REGION

2. FEE ATTACHED
Amount: _____
Check No.: _____

- Signed _____
Date 7/21/05

3. OTHER _____

Signed _____
Date _____