

: (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 : Program Code: 02230  
 : Status Code: 0  
 : Fee Category: 7C  
 : Exp. Date: 20140531  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : .....

BETWEEN:  
 License Fee Management Branch, ARM  
 and  
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: CANCER CARE GROUP, P.C.  
 Received Date: 20050829  
 Docket No.: 3036525  
 Control No.: 314786  
 License No.: 13-32500-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: Ø

3. COMMENTS

Signed D.A. Hersey  
 Date 9-8-2005

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 \_\_\_\_\_