

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BP PIPELINES (NORTH AMERICA) INC.
Received Date: 20050822
Docket No.: 3037021
Control No.: 314795
License No.:
Action Type: New License

*MAILING ADDRESS CHANGE
FROM IL - OK*

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *D.A. Hensey*
Date *9-3-2005*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 08 is entered /_/_)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____