

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120930  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: :::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARE GROUP, LLC., THE  
Received Date: 20050706  
Docket No: 3019538  
Control No.: 314622  
License No.: 13-19923-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   ①  

3. COMMENTS

Signed D.A. Hershey  
Date 8-2-2005

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 \_\_\_\_\_