BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03620
Status Code: 0
Fee Category: EX 3M 1D
Exp. Date: 20120131
Fee Comments: 170.11(A)(4)
Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: CENTRAL MICHIGAN UNIVERSITY
   Received Date: 20050907
   Docket No: 3000811
   Control No.: 314815
   License No.: 21-01432-02
   Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
Date 9-15-2005

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 _____