

(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: JASPER CLINIC, INC.
Received Date: 20050922
Docket No.: 3037050
Control No.: 314862
License No.:
Action Type: New Licensee

ADD INFO TO
313608
S9

2. FEE ATTACHED

Amount: _____
Check No.: *

3. COMMENTS

Signed D.A. Hersey
Date 10-7-2005

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 _____