

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 11210
Status Code: 0
Fee Category: 2B
Exp. Date: 20150430
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PARVIN RADIATION ONCOLOGY SERVICES
Received Date: 20050824
Docket No: 4008853
Control No.: 314785
License No.: SUD-1442
Action Type: Termination

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

3. COMMENTS

Signed D.A. Hersey
Date 7-8-2005

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 _____