

(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 2B
Exp. Date: 20111130
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ROMEO PLANK DIAGNOSTIC CENTER
Received Date: 20050902
Docket No: 3032456
Control No.: 314811
License No.: 21-26338-01
Action Type: Notifications

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

3. COMMENTS

Signed D. A. Hersey
Date 9-13-2005

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 _____