

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03213
Status Code: 2
Fee Category: 3B 2B
Exp. Date: 20050831
Fee Comments: 3J & 3P DELETED 2/3/89
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: TRIJICON, INC.
Received Date: 20050801
Docket No: 3019451
Control No.: 314701
License No.: 21-19874-01
Action Type: Renewal

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D. A. Hershey
Date 8-18-2005

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 _____