

(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: -
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: EASTMAN KODAK COMPANY
Received Date: 20060110
Docket No: 3037114
Control No.: 315121
License No.:
Action Type: New License

*TO BE DONE CONCURRENTLY
WITH 315120
MAILING ADDRESS
CHANGE FROM NY TO MN*

2. FEE ATTACHED

Amount: _____
Check No.: ~~_____~~

3. COMMENTS

Signed D. A. Hersey
Date 1-11-2006

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 _____