

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02310
Status Code: 0
Fee Category: 7A 2B
Exp. Date: 20150831
Fee Comments:
Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KARMANOS CANCER CENTER
Received Date: 20060123
Docket No: 3009376
Control No.: 315161
License No.: 21-04127-06
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed D. A. Hershey
Date 3-8-2006

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 _____