

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: _____
 : Status Code: 3 _____
 : Fee Category: _____
 : Exp. Date: 0 _____
 : Fee Comments: _____
 : Decom Fin Assur Reqd: - _____
 :

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: OWENS CORNING WORLD HEADQUARTERS
 Received Date: 20060306
 Docket No: 3037172
 Control No.: 307609
 License No.:
 Action Type: New License

*MINNESOTA
 TRANSFER*

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

3. COMMENTS

Signed *D.A. Hersey*
 Date *3-9-2006*

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 _____