

(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: SUPER EXCAVATORS, INC.
Received Date: 20060130
Docket No.: 3037141
Control No.: 315209
License No.:
Action Type: New Licensee

* ADDL INFO
314917 -R7

2. FEE ATTACHED

Amount: _____
Check No.: *

3. COMMENTS

Signed D. A. Hersey
Date 2-19-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 06 is entered /_/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____