

(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'd: -

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CRAWFORD, MURPHY & TILLY, INC.
Received Date: 20060215
Docket No: 3037139
Control No.: 315194
License No.:
Action Type: New License

2. FEE ATTACHED
Amount: \$1100.00 ✓
Check No.: 126626

3. COMMENTS

Signed D. A. Hersey
Date 2-24-2006

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

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Mar 1 (Region III)

Mail control: 315194

Company Name: Crawford, Murphy & Tilly, Inc. (CMT)

Type of fee: Application

Fee category: 3P

Check Number: 126626

Amount Received: \$1,100.00

Date Completed: 03/08/06 (Expedite Requested)

Completed by: Brenda Brown