

(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: SHANNON & WILSON, INC.
Received Date: 20060209
Docket No: 3037136
Control No.: 315180
License No.:
Action Type: New License

(EXPIRED License - 01)
24-18839-02

2. FEE ATTACHED

Amount: \$1100.00 ✓
Check No.: 044520

3. COMMENTS

Signed D. A. Hersey
Date 2-10-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 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: Feb 2 (Region III)

Mail Control: 315180

Company Name: Shannon & Wilson, Inc.

Check Number: 044520

Check Amount: \$1,100.00

Type of Fee: Application (License Expired)

Fee Category: 3P

Date Completed: 2/22/06

Completed by: Brenda Brown