

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 03121
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20110531
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MUSKEGON, CITY OF
Received Date: 20060214
Docket No: 3010761
Control No.: 315241
License No.: 21-16304-01
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
Date 2-28-2006

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 _____