

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02230  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20130930  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AMERICAN ONCOLOGIC ASSOCIATES MI/PC  
Received Date: 20060407  
Docket No: 3033134  
Control No.: 315358  
License No.: 21-26488-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 4-14-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 00 is entered /\_\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_