

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: EX 3M 2C 1D
Exp. Date: 20121031
Fee Comments: 170.11(A)(4) 12/10/86 LTR
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HOPE COLLEGE
Received Date: 20060502
Docket No: 3029444
Control No.: 315405
License No.: 21-13583-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hersey
Date 3-9-2006

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 _____