

(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: ARNETT CLINIC, LLC.
Received Date: 20060329
Docket No: 3037189
Control No.: 315345
License No.: _____
Action Type: New Licensee

matu-06

2. FEE ATTACHED
Amount: \$2550.00
Check No.: 80237

3. COMMENTS

Signed D.A. Hershey
Date 4-12-2006

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: Apr 2 (Region III)
Mail Control: 315345
Company Name: Arnett Clinic, LLC
Check Number: 80357
Amount Received: \$2,550.00
Amount Due: \$2,100.00
Amount Refunded: \$450.00 (application overpayment)
Type of fee: Application
Date Completed: 05/17/06
Completed by: Brenda Brown