

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02200  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20120930  
Fee Comments:  
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: CARE GROUP, LLC., THE  
Received Date: 20060421  
Docket No: 3019538  
Control No.: 315384  
License No.: 13-19923-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount:  
Check No.: Ø

3. COMMENTS  
Signed D. A. Hersey  
Date 5-1-2006

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 \_\_\_\_\_