

(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: -
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MOBERLY RADIOLOGY & IMAGING
Received Date: 20060615
Docket No: 3037232
Control No.: 315505
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 8391

3. COMMENTS

Signed D. A. Hershey
Date 6-21-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered)

1. Fee Category and Amount: _____

*See attached fee sheet
MATJ-CE*

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: June 1 (Region III)

Mail control: 315505

Company Name: Moberly Radiology and Imaging

Type of fee: Application

Fee category: 7C

Check Number: 8391

Amount Received: \$2,100.00

Date Completed: 06/27/06

Completed by: Brenda Brown