د		: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:		INFORMATION FROM LIS
icense Fee Management Branch, ARM and Regional Licensing Sections		Program Code: 02201 Status Code: 0 Fee Category: 7C Exp. Date: 20110630 Fee Comments: Decom Fin Assur Reqd: N
LIC	ENSE FEE TRANSMITTAL	
Α.	REGION	
1.	APPLICATION ATTACHED Applicant/Licensee: MACOMB IMAGING Received Date: 20060606 Docket No: 3035746 Control No.: 315492 License No.: 21-32325-01 Action Type: Amendment	CENTER, LLC
2.	FEE ATTACHED Amount: Check No.:	
3.	COMMENTS Signed Date	D. A. Hersey
В.	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	<u> </u>
	Signed Date	