

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02410
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20160131
: Fee Comments:
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MISSOURI STATE DEPARTMENT OF
Received Date: 20060424
Docket No: 3005133
Control No.: 315392
License No.: 24-12099-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

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

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 _____