

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03225
Status Code: 0
Fee Category: 4B 3N
Exp. Date: 20060331
Fee Comments: _____
Decom Fin Assur Reqd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ADCO SERVICES, INC.
Received Date: 20060302
Docket No: 3007490
Control No.: 315284
License No.: 12-11286-01
Action Type: Renewal

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS

Signed J.A. Hersey
Date 3-14-2006

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 _____