

(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: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MAY & ASSOCIATES, INC.
Received Date: 20060712
Docket No: 3037305
Control No.: 315565
License No.:
Action Type: New Licensee

2. FEE ATTACHED 1,100.00
Amount:
Check No.: 14359

3. COMMENTS

Signed H. Bernardino
Date 7-13-06

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 _____