

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20140331
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: RESEARCH MEDICAL CENTER,
Received Date: 20060829
Docket No: 3002343
Control No.: 315692
License No.: 24-06806-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed A.R. Bernardo
Date 9-11-96

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 _____