

(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'd: _____
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: DLZ MICHIGAN, INC.
Received Date: 20060901
Docket No: 3037334
Control No.: 315689
License No.:
Action Type: New Licensee

2. FEE ATTACHED *1200.00*
Amount: *1200.00*
Check No.: *7888*

3. COMMENTS

Signed *K. J. Burnardio*
Date *9-11-06*

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 _____