

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110131
: Fee Comments: _____
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GUNTHER, STEPHEN J., M.D., P.L.C.
Received Date: 20060906
Docket No.: 3035625
Control No.: 315698
License No.: 21-32297-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: *Ø*

3. COMMENTS

Signed *K. X. Bernardino*
Date 9-13-06

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 _____