

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03620
: Status Code: 0
: Fee Category: 3M
: Exp. Date: 20140630
: Fee Comments:
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LINCO DIAGNOSTIC SERVICES, INC.
Received Date: 20060831
Docket No: 3036554
Control No.: 315684
License No.: 24-32505-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed
Date

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 _____