

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02220
Status Code: 0
Fee Category: 7C
Exp. Date: 20130131
Fee Comments: _____
Decom Fin Assur Req: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ADVANCED MOBILE SERVICES, LLC
Received Date: 20070214
Docket No: 3036178
Control No.: 316013
License No.: 21-32436-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed
Date

M. Buchholz
2-15-07

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

