

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03810
Status Code: 0
Fee Category: 3P
Exp. Date: 20080930
Fee Comments: POSS/STORAGE EFF 7/18/06
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ONCOLOGY INSTITUTE OF GREATER
Received Date: 20070327
Docket No: 3034812
Control No.: 316134
License No.: 13-32087-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M. Buchholz
Date 3-28-07

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 _____