

: (FOR LFMS USE)
: INFORMATION FROM L
: -----
:
: Program Code: _____
: Status Code: 3 _____
: Fee Category: _____
: Exp. Date: 0 _____
: Fee Comments: _____
: Decom Fin Assur Reqd: _____
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HOCKADEN & ASSOCIATES, INC.
Received Date: 20070611
Docket No: 3037486
Control No.: 316303
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed M. Buchholz
Date 6-12-07

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 _____