

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150228
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: RADIATION ONCOLOGY ASSOCIATES
Received Date: 20070608
Docket No: 3036814
Control No.: 316302
License No.: 13-32551-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: *d*

3. COMMENTS

Signed *M. Buchholz*
Date 6-14-07

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 _____