

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: \_\_\_\_\_  
Status Code: 3 \_\_\_\_\_  
Fee Category: \_\_\_\_\_  
Exp. Date: 0 \_\_\_\_\_  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req: \_\_\_\_\_  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SHAH, UDAY, M.D.S.C  
Received Date: 20070418  
Docket No: 3037452  
Control No.: 316179  
License No.:  
Action Type: New Licensee

12-32651-01

2. FEE ATTACHED

Amount: 2,300  
Check No.: 5364

3. COMMENTS

Signed M. Buchholz  
Date 4-19-07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered )

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License   /  

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**FEE INFORMATION**

Mail control: 316179

Log page: May 1 (Region III)

Company name: Uday Shah, M.D.S.C.

License number: NEW

Type of fee: Application

Fee category: 7C

Check number: 5364

Amount submitted: \$2,300.00

Date completed: 05/09/07

Completed by: Brenda Brown