	: (FOR LFMS USE) : INFORMATION FROM L
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 Reqd:
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: RIVERA, WILF Received Date: 20070703 Docket No: 3037504 Control No.: 316352 License No.: Action Type: New Licensee	REDO, MD, P.C.
2. FEE ATTACHED 2,400 Amount: Check No.: 1500	
3. COMMENTS Signed Date	M. Bucholy
B. LICENSE FEE MANAGEMENT BRANCH (Che	ck when milestone 03 is entered
1. Fee Category and Amount:	
2. Correct Fee Paid. Application ma Amendment Renewal License	y be processed for:
3. OTHER	
Signed Date	

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