BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03121
Status Code: 4
Fee Category: _____
Exp. Date: 20040228
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: OWEN AYRES & ASSOCIATES, INC.
   Received Date: 20070920
   Docket No: 3036370
   Control No.: 316545
   License No.: 48-18515-02
   Action Type: Termination

2. FEE ATTACHED
   Amount: _____
   Check No.: _____

3. COMMENTS

Signed _____
Date 9/20/07

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 _____