

	:	(FOR LFMS USE)
	:	INFORMATION FROM
BETWEEN:	:	-----
	:	
License Fee Management Branch, ARM	:	Program Code: _____
and	:	Status Code: 3 _____
Regional Licensing Sections	:	Fee Category: _____
	:	Exp. Date: 0 _____
	:	Fee Comments: _____
	:	Decom Fin Assur Req'd: _____
	:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: IDEAL SOURCE INTERNATIONAL LLC
 Received Date: 20070717
 Docket No: 3037513
 Control No.: 316378
 License No.:
 Action Type: New Licensee

2. FEE ATTACHED
 Amount: 1,200.00
 Check No.: 1927

3. COMMENTS

Signed Rt Rosemary Jara
 Date 7/18/07

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 _____