

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: :::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BICKERS, D. MARK., M.D.
Received Date: 20070731
Docket No: 3036390
Control No.: 316413
License No.: 13-32474-01
Action Type: Amendment

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

3. COMMENTS

Signed R. Rosemary Jones
Date 7/31/07

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 _____