

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02200  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120930  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MIDWEST RADIOLOGIC IMAGING  
Received Date: 20070710  
Docket No: 3032730  
Control No.: 316363  
License No.: 13-26401-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed Rosemary Jones  
Date 7/12/07

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 \_\_\_\_\_