

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM L  
 : -----  
 :  
 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 QUALITY ASSURANCE, LLC  
 Received Date: 20071002  
 Docket No: 3037555  
 Control No.: 316580  
 License No.:  
 Action Type: New Licensee

2. FEE ATTACHED  
 Amount:  
 Check No.:           

3. COMMENTS

Signed *[Signature]*  
 Date 10/4/07

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 \_\_\_\_\_

- previously submitted 7/18/07 CN# 31637P C  
 - Resubmitted - Change in Address (State)