

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02310  
: Status Code: 0  
: Fee Category: 3P 3E 7A 7C EX 2B  
: Exp. Date: 20150831  
: Fee Comments:  
: Decom Fin Assur Req: Y

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KARMANOS CANCER CENTER  
Received Date: 20070924  
Docket No: 3009376  
Control No.: 316558  
License No.: 21-04127-06  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed \_\_\_\_\_  
Date \_\_\_\_\_

*K.Y. Bernardino*  
9.28.07

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 \_\_\_\_\_