

(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 Reqd: Y
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KARMANOS CANCER CENTER
Received Date: 20071002
Docket No: 3009376
Control No.: 316590
License No.: 21-04127-06
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed Rosemary Jones
Date 10/5/07

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 _____