

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03320
: Status Code: 0
: Fee Category: 30 EX 2B
: Exp. Date: 20081130
: Fee Comments:
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CAL TESTING SERVICES, INC.
Received Date: 20071101
Docket No: 3010856
Control No.: 316653
License No.: 13-16347-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed *Rosen*
Date 11/2/07

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 _____