

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 3P 7C
Exp. Date: 20160731
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MOBERLY RADIOLOGY & IMAGING
Received Date: 20070925
Docket No: 3037232
Control No.: 316658
License No.: 24-32623-01
Action Type: Termination

2. FEE ATTACHED

Amount: Ø
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones
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 _____