

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
	:	-----
BETWEEN:	:	
	:	
License Fee Management Branch, ARM	:	Program Code: 02201
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 7C
	:	Exp. Date: 20121031
	:	Fee Comments: _____
	:	Decom Fin Assur Req'd: N
	:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: DIAGNOSTIC HEALTH SERVICES
 Received Date: 20070910
 Docket No: 3014235
 Control No.: 316532
 License No.: 12-13568-02
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: Ø

3. COMMENTS

Signed *Rosanna J...*
 Date 9/18/07

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 _____