

(FOR LFMS USE)
INFORMATION FROM L

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MOON PAK, MD
Received Date: 20080624
Docket No: 3037786
Control No.: 317287
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS *please see CN# 316821 (VOIDED) Fee Pd*

Signed *Rosemary Jones*
Date 6/26/08

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 _____