

(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 \_\_\_\_\_