	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	----------
	:	
License Fee Management Branch, ARM	:	Program Code: 01100
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: EX 3L 1D 2C 3P
	:	Exp. Date: 20120630
	:	Fee Comments: 170.11(A)(4)
	:	Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: MICHIGAN STATE UNIVERSITY
   Received Date: 20080508
   Docket No: 3000806
   Control No.: 317130
   License No.: 21-00021-29
   Action Type: Amendment

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

3. COMMENTS

Signed [signature]
Date 5-8-08

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 _____