BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03225
Status Code: 0
Fee Category: 3P
Exp. Date: 20131231
Fee Comments: CAL & LT SERV.
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: MEDICAL PHYSICS GROUP, LTD.
   Received Date: 20080718
   Docket No: 3018575
   Control No.: 317339
   License No.: 24-24392-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed Rosemary Jo
Date 7/28/0

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 _____