

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02410
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20120831
: Fee Comments: 3P EFF. 05/08/91
: Decom Fin Assur Req'd: N

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: QUEST DIAGNOSTICS CLINICAL, LABS.
Received Date: 20080521
Docket No: 3002380
Control No.: 317178
License No.: 24-13299-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosmary Fan
Date 5-22-08

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 _____