BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 01100
Status Code: 0
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: 20080801
   Docket No: 3000806
   Control No.: 317377
   License No.: 21-00021-29
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed Rosemary Jon
Date 8/6/08

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 _____