

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03710
Status Code: 0
Fee Category: 8A
Exp. Date: 20170731
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MICHIGAN, STATE OF
Received Date: 20080523
Docket No: 3007188
Control No.: 317185
License No.: 21-05199-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed *Rosemary Jones*
Date 5-27-08

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 _____