BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03121
Status Code: 0
Fee Category: 3P
Exp. Date: 20170630
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: HOCKADEN & ASSOCIATES, INC.
   Received Date: 20080828
   Docket No: 3037486
   Control No.: 317450
   License No.: 34-32658-01
   Action Type: Termination

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

3. COMMENTS

Signed Rosemary Ford
Date 9-3-08

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 _____