

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7B EX 3E
: Exp. Date: 20130630
: Fee Comments: 170.11(A) (4) EX 3E
: Decom Fin Assur Req: Y
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SAINT LOUIS UNIVERSITY
Received Date: 20080711
Docket No: 3011789
Control No.: 317325
License No.: 24-00196-07
Action Type: Decommissioning

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed Rosenau Jr
Date 7/15/08

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 _____