

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02200  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20090731  
: Fee Comments:  
: Decom Fin Assur Req'd: N

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CENTER FOR DIAGNOSTIC IMAGING  
Received Date: 20080812  
Docket No: 3035142  
Control No.: 317392  
License No.: 13-32194-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:  
Check No.:           

3. COMMENTS

Signed             
Date           

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 \_\_\_\_\_