

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02230  
: Status Code: **A3**  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: \_\_\_\_\_  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ONCOLOGY HEMATOLOGY ASSOCIATES  
Received Date: 20080916  
Docket No: 3037836  
Control No.: 317483  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:      *see CN# 317233 \$2,500 check 012556 6/10/08*

3. COMMENTS

Signed *Rosemary Don*  
Date 9/18/08

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 \_\_\_\_\_