BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ANIL K GOEL MD
Received Date: 20080717
Docket No: 3037802
Control No.: 317336
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: ~~$~~ see CN 316880
Check No.: Check #1546, $2,300

3. COMMENTS

Signed Rosemary Jones
Date 7/17/08

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 _____