

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02310
Status Code: 0
Fee Category: 3P 3E 7A 7C EX 2B
Exp. Date: 20150831
Fee Comments: _____
Decom Fin Assur Req'd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KARMANOS CANCER CENTER
Received Date: 20080827
Docket No: 3009376
Control No.: 317437
License No.: 21-04127-06
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosenrayson
Date 9-2-08

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 _____