

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: 3M
Exp. Date: 20110331
Fee Comments: _____
Decom Fin Assur Req'd: Y
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DANA - PERFECT CIRCLE DIVISION
Received Date: 20060508
Docket No: 3004910
Control No.: 300386
License No.: 21-12192-01
Action Type: Fin. Assurance

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hershey
Date 5-29-2006

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 _____