

BETWEEN:

```

:   Program Code: 02230
:   Status Code: 0
:   Fee Category: 3P
:   Exp. Date: 20080930
:   Fee Comments: POSS/STORAGE EFF 7/18/06
:   Decom Fin Assur Req'd: N
:
: .....

```

LICENSE FEE TRANSMITTAL

### A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ONCOLOGY INSTITUTE OF GREATER  
Received Date: 20080721  
Docket No: 3034812  
Control No.: 317354  
License No.: 13-32087-01  
Action Type: Renewal

2. FEE ATTACHED

Amount:                       
Check No.:                     

### 3. COMMENTS

Signed  
Date

Rosemary Jones  
7/30/08

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