

BETWEEN:

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20140331
Fee Comments: _____
Decom Fin Assur Req

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/OWNER: MIDWEST DIVISION - BLMC, LLC
 Applicant/Licensee: 20050711
 Received Date: 3002343
 Docket No.: 314633
 Control No.: 24-06806-01
 License No.: Amendment
 Action Type:

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed
Date

D. A. Hershey
8-3-2005

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