

BETWEEN:

```

: Program Code: 03620
: Status Code: 0
: Fee Category: EX 3P
: Exp. Date: 20141031
: Fee Comments: 3P CORRECT AS OF 10/99
: Decom Fin Assur Req'd: N

```

### A. REGION

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

- Signed D. A. Hershey  
Date 8-16-2005

1. Fee Category and Amount: \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_