

BETWEEN:

```

: Program Code: 02240
: Status Code: 0
: Fee Category: 7C 3E 2B
: Exp. Date: 20150331
: Fee Comments: CODE 23_3E ADDED 2/7/94
: Decom Fin Assur Req'd: N
:
: .....

```

A. REGION

2. FEE ATTACHED
Amount:
Check No.:

- Signed D. A. Hersey
Date 8-28-2005

2. Correct Fee Paid. Application may be processed for:
- | | |
|-----------|-------|
| Amendment | _____ |
| Renewal | _____ |
| License | _____ |

- Signed _____
Date _____