

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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: Program Code: 02200  
: Status Code: 2  
: Fee Category: 7C  
: Exp. Date: 20050831  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MICHAEL LALA, M.D., P.C.  
Received Date: 20050822  
Docket No: 3018558  
Control No.: 314767  
License No.: 21-24380-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed  
Date

D.A. Hersey  
8-29-2005

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

\_\_\_\_\_  
\_\_\_\_\_