

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _____
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MISSOURI CANCER ASSOCIATES, LLC.
Received Date: 20051012
Docket No: 3037082
Control No.: 314910
License No.:
Action Type: New Licensee

2. FEE ATTACHED \$2100.00
Amount: \$2100.00
Check No.: 1233432

3. COMMENTS

Signed D. A. Hersey
Date 10-20-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1)

1. Fee Category and Amount: See attached fee sheet

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

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Nov 1 (Region III)

Mail control: 314910

Company Name: Missouri Cancer Associates

Check No. 0001233432

Amount Received: \$2,100.00

Fee Category: 7C

Type of fee: Application

Date Completed: 11/2/05

Completed by: Brenda Brown