

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: I/N KOTE
Received Date: 20050929
Docket No: 3037052
Control No.: 314879
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1100.00
Check No.: 98279

3. COMMENTS

Signed D. A. Hersey
Date 10-12-2005

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

1. Fee Category and Amount: See attached for

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

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Oct 1 (Region III)

Company name: I/N Kote

Mail control: 314879

Check received: 99999998279

Amount received: \$1,100.00

Fee Category: 3P

Action Type: NEW

Date completed: 10/24/05

Completed by: Brenda Brown