

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'd: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: JASPER CLINIC, INC.
Received Date: 20050922
Docket No.: 3037050
Control No.: 314862
License No.:
Action Type: New Licensee

ADD INFO TO
313608
S9

2. FEE ATTACHED
Amount: _____
Check No.: X

3. COMMENTS

Signed D.A. Hersey
Date 10-7-2005

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 _____