

BETWEEN:

```

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20140331
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N

```

LICENSE FEE TRANSMITTAL

### A. REGION

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

### 3. COMMENTS

D. A. Hersey  
1-12-2006

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

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

- Signed
- 
- Date