

BETWEEN:

```
: Program Code: 03234  
: Status Code: 0  
: Fee Category: EX 3P 1D  
: Exp. Date: 20070930  
: Fee Comments: 170.11(A)(4)  
: Decom Fin Assur Req'd: Y  
: .....  
: .....
```

A. REGION

1. APPLICATION ATTACHED

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed D. A. Hensley
Date 3-2-2006

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 _____