

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02200
Status Code: 0
Fee Category: 7C
Exp. Date: 20120930
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARE GROUP, LLC., THE
Received Date: 20060421
Docket No: 3019538
Control No.: 315384
License No.: 13-19923-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS

Signed
Date

D. A. Hersey
5-1-2006

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

