

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: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MOBERLY RADIOLOGY & IMAGING
Received Date: 20060615
Docket No: 3037232
Control No.: 315505
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$2100.00
Check No.: 8391

3. COMMENTS

Signed D. A. Hersey
Date 6-21-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: See attached fee sheet
2. Correct Fee Paid. Application may be processed for: MA TV - CE
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: June 1 (Region III)

Mail control: 315505

Company Name: Moberly Radiology and Imaging

Type of fee: Application

Fee category: 7C

Check Number: 8391

Amount Received: \$2,100.00

Date Completed: 06/27/06

Completed by: Brenda Brown