

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20110630
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MACOMB IMAGING CENTER, LLC
Received Date: 20060606
Docket No: 3035746
Control No.: 315492
License No.: 21-32325-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 6-14-2006

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 _____