

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: EX 3M
Exp. Date: 20160430
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SAINT FRANCIS, UNIVERSITY OF
Received Date: 20060508
Docket No: 3037128
Control No.: 315424
License No.: 13-32541-01
Action Type: Amendment

2. FEE ATTACHED
Amount: 0
Check No.: 0

3. COMMENTS

Signed J. A. Hersey
Date 5-22-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 08 is entered /_/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____