

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

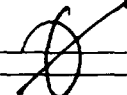
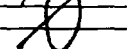
License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02200
Status Code: 0
Fee Category: 7C
Exp. Date: 20160531
Fee Comments:
Decom Fin Assur Req: N

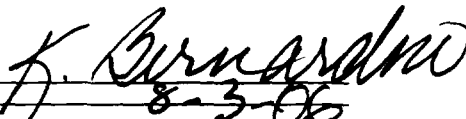
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ARNETT CLINIC, LLC.
Received Date: 20060802
Docket No: 3037189
Control No.: 315609
License No.: 13-32535-02
Action Type: Amendment

2. FEE ATTACHED
Amount: 
Check No.: 

3. COMMENTS

Signed 
Date 8-3-06

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 _____