

BETWEEN:

```
: Program Code: _____  
: Status Code: 3  
: Fee Category: _____  
: Exp. Date: 0  
: Fee Comments: _____  
: Decom Fin Assur Req'd: _
```

:::::::::::::::::::::

A. REGION

2. FEE ATTACHED 1,100.00  
Amount:  
Check No.: 17359

Signed  
Date

H. Bernstein  
7-13-06

2. Correct Fee Paid. Application may be processed for:

Amendment	_____
Renewal	_____
License	_____

3. OTHER \_\_\_\_\_

Signed  
Date