

| | | |
|------------------------------------|---|--|
| | : | (FOR LFMS USE) |
| | : | INFORMATION FROM LTS |
| | : | ----- |
| BETWEEN: | : | |
| | : | |
| License Fee Management Branch, ARM | : | Program Code: 02230 |
| and | : | Status Code: 0 |
| Regional Licensing Sections | : | Fee Category: 7C EX 2B |
| | : | Exp. Date: 20090630 |
| | : | Fee Comments: _____ |
| | : | Decom Fin Assur Req'd: N |
| | : | :: |

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: BALLAS CANCER CENTER, LLC
 Received Date: 20070509
 Docket No: 3035039
 Control No.: 316230
 License No.: 24-32151-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: ①

3. COMMENTS

Signed *[Signature]*
 Date 5/7/07

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 _____