

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02231
: Status Code: 0
: Fee Category: 3P EX 2B
: Exp. Date: 20101231
: Fee Comments: TRANSPORT, NOT MED USE
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::::::::::::::::::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MIDWEST BRACHYTHERAPY SERVICES, INC.
Received Date: 20070724
Docket No: 3035581
Control No.: 316393
License No.: 24-32280-01
Action Type: Amendment

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

3. COMMENTS

Signed *Rosemary Jones*
Date 7/24/07

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 _____