

BETWEEN:

```
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140331  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

LICENSE FEE TRANSMITTAL

A. REGION

2. FEE ATTACHED
Amount:
Check No.: 9

3. COMMENTS

Signed
Date

M. Buchholz
6-13-07

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