

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SURMODICS, INC.
Received Date: 20041022
Docket No.: 3036712
Control No.: 313807
License No.: _____
Action Type: New License

2. FEE ATTACHED

Amount: \$1200.00
Check No.: 68112

3. COMMENTS

Signed D. A. Hersey
Date 10-22-2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: _____

fee sheet attached

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

Amendment _____
Renewal _____
License /

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Oct 1 (Region III)
Mail Control: 313807
Company Name: SurModics
License Number: NEW
Check Number: 68112
Amount Received: \$1,200.00
Fee Category: 3P
Type of fee: Application
Date Received: 10/22/04
Date Completed: 10/22/04
Completed by: Brenda Brown