

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 03225
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3N
 : Exp. Date: 20050831
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SIEMENS MEDICAL SOLUTIONS USA, INC.
Received Date: 20050125
Docket No: 3035837
Control No.: 136351
License No.: 29-32349-01
Action Type: Termination

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Ref. 136513 change
from Amend to Term

Signed [Signature]
Date 2/28/06

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 _____