

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 03620
: Status Code: 0
: Fee Category: 3M 3E
: Exp. Date: 20100531
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: STOWERS INSTITUTE MEDICAL RESEARCH
Received Date: 20041214
Docket No: 3035330
Control No.: 313993
License No.: 24-32242-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hensley
Date 12-30-2004

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 _____