

(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 Reqd: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTHWEST ENDOCRINOLOGY & DIABETES  
Received Date: 20050214  
Docket No: 3036881  
Control No.: 314183  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: ~~\_\_\_\_\_~~  
Check No.: ~~\_\_\_\_\_~~

\* ADD INFO 313866

3. COMMENTS

Signed J. A. Hersey  
Date 3-8-2005

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 \_\_\_\_\_