

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B EX 2B 3E 3P
: Exp. Date: 20130430
: Fee Comments: 170.11(A)(4) CAL EX1/85
: Decom Fin Assur Reqd: Y
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MEDICAL
Received Date: 20050718
Docket No: 3001609
Control No.: 314648
License No.: 13-02752-03
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed D.A. Hershey
Date 8-11-2005

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 _____