

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03211
Status Code: 2
Fee Category: 7B 3E 3K
Exp. Date: 20050131
Fee Comments: 3K ADDED 5/29/98
Decom Fin Assur Reqd: Y
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PHARMACIA & UPJOHN COMPANY
Received Date: 20050622
Docket No.: 3004781
Control No.: 314550
License No.: 21-00182-03
Action Type: Decommissioning

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 7-5-2005

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 _____