

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02511
Status Code: 0
Fee Category: 3D
Exp. Date: 20110531
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20051213
Docket No: 3010801
Control No.: 315061
License No.: 24-04206-05MD
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
Date 12-14-2005

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 _____