BETWEEN:	
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 03620 Status Code: 0 Fee Category: EX 3M Exp. Date: 20100930 Fee Comments: MED SCHOOL, ISSUE DEGREES Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: KANSAS CITY UNIV Received Date: 20051101 Docket No: 3035493 Control No.: 314980 License No.: 24-32265-01 Action Type: Amendment	ERSITY OF MEDICINE
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS	
Signed J. A. Hersey Date 11-8-2005	
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered //)	
1. Fee Category and Amount:	·
2. Correct Fee Paid. Application may be Amendment Renewal License	processed for:
3. OTHER	·
Signed Date	

(FOR LFMS USE)
INFORMATION FROM LTS