

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 03211
: Status Code: 0
: Fee Category: 3A
: Exp. Date: 20070331
: Fee Comments: MFG/DIST 04/20/00 AMD #17
: Decom Fin Assur Req: Y
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ANALYTICAL BIO-CHEMISTRY LABS., INC
Received Date: 20051103
Docket No: 3005154
Control No.: 314986
License No.: 24-13365-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hensey
Date 11-14-2005

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 _____