

(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: 20120131
Fee Comments: DIST UNDER MD LICENSES
Decom Fin Assur Req: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20051208
Docket No: 3000001
Control No.: 315048
License No.: 24-04206-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 12-8-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
 - Amendment _____
 - Renewal _____
 - License _____
- 3. OTHER _____

Signed _____
Date _____