

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02500
Status Code: 0
Fee Category: 3C 3P EX 2B
Exp. Date: 20150731
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDINAL HEALTH
Received Date: 20051013
Docket No: 3036973
Control No.: 314916
License No.: 34-29200-01MD
Action Type: Amendment

2. FEE ATTACHED
Amount: 0
Check No.: 0

3. COMMENTS

Signed D.A. Hersey
Date 10-20-2005

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 _____