

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02410  
Status Code: 2  
Fee Category: 3P  
Exp. Date: 20050831  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: WEST PHARMACEUTICAL SERVICES  
Received Date: 20050805  
Docket No: 3033820  
Control No.: 314703  
License No.: 13-26640-01  
Action Type: Renewal

2. FEE ATTACHED  
Amount: \$4900.00  
Check No.: 22238

3. COMMENTS

Signed D. A. Hersey  
Date 8-18-2005

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 \_\_\_\_\_

**FEE INFORMATION**

Log Page: Sept 2 (Region III) R3

Mail control: 314703

Company Name: West Pharmaceutical Services

Check Number: 22238

Amount Received: \$4,900.00

Amount Refunded: \$4,900.00 - no fee required for renewal of license

Type of fee: Renewal

Date Completed: 09/20/05

Completed by: Brenda Brown