BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03620
Status Code: 0
Fee Category: EX 3M
Exp. Date: 20121130
Fee Comments: 170.11(A)(4)
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: INDIANA UNIVERSITY SCHOOL MEDICINE
   Received Date: 20060127
   Docket No: 3009673
   Control No.: 315201
   License No.: 13-15734-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: Ø
   Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 2-19-2006

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 _____