

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02110
Status Code: 0
Fee Category: 7B EX 2B 3E 3P
Exp. Date: 20130430
Fee Comments: 170.11(A)(4) CAL EX1/85
Decom Fin Assur Req: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MED. CNTR.
Received Date: 20060207
Docket No: 3001609
Control No.: 315225
License No.: 13-02752-03
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed D. A. Hensen
Date 2-26-2006

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 _____