

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02500
Status Code: 0
Fee Category: 3C 2B
Exp. Date: 20150331
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20060111
Docket No: 3030262
Control No.: 315132
License No.: 24-04206-11MD
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: 0

3. COMMENTS

Signed D. A. Hersey
Date 1-20-2006

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 _____