

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: 3M
Exp. Date: 20080930
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ESPERION THERAPEUTICS, INC.
Received Date: 20060519
Docket No: 3034810
Control No.: 315458
License No.: 21-32115-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D. A. Hersey
Date _____

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 _____