

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03214
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20150228
: Fee Comments: 3P OK 10/8/87 NOTE TO FIL
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BRISTOL-MYERS SQUIBB MEDICAL IMAG.
Received Date: 20060825
Docket No: 3013288
Control No.: 315674
License No.: 20-00320-19
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed H. Hernandez
Date 8-31-06

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 _____