

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: EX 3M
Exp. Date: 20100930
Fee Comments: MED SCHOOL, ISSUE DEGREES
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KANSAS CITY UNIVERSITY OF MEDICINE
Received Date: 20060726
Docket No: 3035493
Control No.: 315599
License No.: 24-32265-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *H. G. Bernardino*
Date 7-27-06

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 _____