

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

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

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KANSAS CITY UNIVERSITY OF MEDICINE
Received Date: 20061025
Docket No.: 3035493
Control No.: 315801
License No.: 24-32265-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed A.A. Hersey
Date 11-1-2006

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 _____