

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02110
Status Code: 0
Fee Category: 7B EX 2B 3E 3P
Exp. Date: 20130430
Fee Comments: 170.11(A)(4) CAL EX1/85
Decom Fin Assur Req: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MED. CNTR.
Received Date: 20060919
Docket No.: 3001609
Control No.: 315722
License No.: 13-02752-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *K. J. Bernardino*
Date 9-20-06

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 _____