

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: \_\_\_\_\_  
Status Code: 3  
Fee Category: \_\_\_\_\_  
Exp. Date: 0  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: RADIOPHARMACY OF INDIANAPOLIS, LLC.  
Received Date: 20061115  
Docket No: 3037371  
Control No.: 315840  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED  
Amount: \$3600.00  
Check No.: 994

3. COMMENTS

Signed D. A. Hersey  
Date 11-20-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1/1)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License /

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**FEE INFORMATION**

Log Page: Nov 1 (Region III)  
Mail Control: 315840  
Company Name: Radiopharmacy of Indianapolis, LLC  
License Number: NEW  
Type of Fee: Application  
Fee Category: 3D  
Check number: 994  
Check Amount: \$3,600.00  
Completed By: Brenda Brown

*RM*