BETWEEN:	: INFORMATION FROM LIS
License Fee Management Branch, ARM	: Program Code: 02500 : Status Code: 0
and Regional Licensing Sections	Fee Category: 3C EX 2B Exp. Date: 20090930 Fee Comments: Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: PHARMALOGIC MICH Received Date: 20070126 Docket No: 3035125 Control No.: 315981 License No.: 21-32190-01MD Action Type: Amendment	HIGAN, L.L.C.
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Date	1 A. Harsey
B. LICENSE FEE MANAGEMENT BRANCH (Check w	when milestone Ø3 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may be Amendment Renewal License	e processed for:
3. OTHER	
Signed Date	

(FOR LFMS USE)
INFORMATION FROM LTS