

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

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  
Received Date: 20070309  
Docket No: 3037428  
Control No.: 316085  
License No.:  
Action Type: New Licensee

*Check was received  
11/15/06 # 994  
for \$3,600.00 for  
control No. 315 840.  
Action was voided.*

2. FEE ATTACHED

Amount:  
Check No.:     

3. COMMENTS

Signed M. Buchholz  
Date 3-12-07

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 \_\_\_\_\_