

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 _____