

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

:
:
:-----
:
: Program Code: 03610
: Status Code: 0
: Fee Category: 7B
: Exp. Date: 20150731
: Fee Comments: _____
: Decom Fin Assur Req: Y
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PHARMACIA & UPJOHN COMPANY
Received Date: 20070207
Docket No: 3004781
Control No.: 316002
License No.: 21-00182-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Bucholz
Date 2/12/07

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 _____