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 Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: PHARMOPTIMA
   Received Date: 20070404
   Docket No: 3037444
   Control No.: 316154
   License No.:
   Action Type: New Licensee

2. FEE ATTACHED
   Amount: $3400.00
   Check No.: 2735

3. COMMENTS

Signed _____
Date 4/15/07

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

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:	Apr 1 (Region III)
Mail control:	316154
Company name:	Pharmoptima, LLC
License number:	NEW
Type of fee:	Application
Fee category:	3M
Check number:	2735
Check amount:	$3,400.00
Date completed:	04/16/07
Completed by:	Brenda Brown