

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B EX 3L 3E 2B
: Exp. Date: 20130430
: Fee Comments: 170.11(A)(4) CAL EX1/85
: Decom Fin Assur Req: Y
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MED. CNTR.
Received Date: 20070522
Docket No: 3001609
Control No.: 316268
License No.: 13-02752-03
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed
Date

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 _____