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 Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MED. CNTR.
   Received Date: 20070605
   Docket No: 3001609
   Control No.: 316295
   License No.: 13-02752-03
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: _____

3. COMMENTS

Signed _____
Date 6/8/07

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 _____