

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'd: _____
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BROGAN PHARMACEUTICALS
Received Date: 20070627
Docket No: 3037503
Control No.: 316345
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount:
Check No.: Ø

3. COMMENTS

Signed M. Buchholz
Date 7-2-07

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 _____

Refer to CN 316072 } for fees.
old docket 030-37423 }

: (FOR LFMS USE)
: INFORMATION FROM 1
: -----
:
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: Status Code: 3 _____
: Fee Category: _____
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: Fee Comments: _____
: Decom Fin Assur Req'd: _____
: ::::::::::::::::::::::::::::

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for fees, refer to CN 316072.

FEE INFORMATION

Log page: June 2 (Region III)

Mail control: 316345 (Fee paid under voided mail control 316072)

Company name: Brogan Pharmaceuticals

License number: New

Check number: 1130

Amount received: \$2,300.00

Fee category: 7C

Type of fee: Application

Date: 07/13/07

Completed by: Brenda Brown