

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02500
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 3C 3P EX 2B
 : Exp. Date: 20110831
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: CARDINAL HEALTH
 Received Date: 20070720
 Docket No: 3036973
 Control No.: 316388
 License No.: 34-29200-01MD
 Action Type: Amendment

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

3. COMMENTS

Signed R. Rosemary Jones
 Date 7/23/07

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 _____