

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 03620
: Status Code: 0
: Fee Category: 3M
: Exp. Date: 20140331
: Fee Comments:
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AASTROM BIOSCIENCES
Received Date: 20070720
Docket No: 3033266
Control No.: 316390
License No.: 21-26519-01
Action Type: Decommissioning

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed RJ Jones Roseway
Date 7/24/07

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 _____