

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02500
Status Code: 0
Fee Category: 3C 3P EX 2B
Exp. Date: 20110831
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDINAL HEALTH
Received Date: 20080318
Docket No: 3036973
Control No.: 316987
License No.: 34-29200-01MD
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed K. R. Bernadino
Date 2-18-09

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 _____