BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20160131
Fee Comments: MEDICAL USE NOT 3P
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: COVANCE CLINICAL RESEARH UNIT, INC
   Received Date: 20080201
   Docket No: 3033820
   Control No.: 316892
   License No.: 13-26640-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: 0

3. COMMENTS

Signed _____
Date 2/13/08

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 _____