

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20140731
Fee Comments: _____
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ASHOK K. GUPTA, M.D.
Received Date: 20080222
Docket No: 3036604
Control No.: 316919
License No.: 21-32524-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 16

3. COMMENTS

Signed *Rochman*
Date 2/27/08

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 _____