4	(FOR LFMS USE) INFORMATION FROM LTS
BETWEEN:	
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 03620 Status Code: 0 Fee Category: EX 3M 3P Exp. Date: 20121130 Fee Comments: 170.11(A)(4) Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION	
1. APPLICATION ATTACHED Applicant/Licensee: INDIANA UNIVERSITE Received Date: 20080523 Docket No: 3032677 Control No.: 317182 License No.: 13-26387-01 Action Type: Amendment	ITY AT SOUTH BEND
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Roserray Services Date 17.00	
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered //)	
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may be Amendment Renewal License	e processed for:
3. OTHER	
Signed	