

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:
:
: Program Code: _____
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _____
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: INDIANAPOLIS VETERINARY REFERRAL
Received Date: 20080602
Docket No: 3037765
Control No.: 317213
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: 1,400.00
Check No.: 023739

3. COMMENTS

Signed *Glenn May Jones*
Date 6/6/08

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 _____