

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

:  
:  
:  
:  
: Program Code: 03620  
: Status Code: 0  
: Fee Category: EX 3M  
: Exp. Date: 20150531  
: Fee Comments: 170.11(A) (4)  
: Decom Fin Assur Req'd: N  
:  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KIRKSVILLE COLLEGE OSTEOPATHIC MED.  
Received Date: 20080829  
Docket No: 3012369  
Control No.: 317439  
License No.: 24-17210-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed *Rosemary Jones*  
Date 9-2-08

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 \_\_\_\_\_