

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS  
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Program Code: 03244  
Status Code: 0  
Fee Category: 3P  
Exp. Date: 20140531  
Fee Comments: REDISTRIBUTION  
Decom Fin Assur Req: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: STERLING DIAGNOSTICS, INC.  
Received Date: 20050923  
Docket No: 3031055  
Control No.: 314837  
License No.: 21-26030-01  
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey  
Date 9-7-2005

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 \_\_\_\_\_