

(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
: Exp. Date: 20100930
: Fee Comments: MED SCHOOL, ISSUE DEGREES
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: KANSAS CITY UNIVERSITY OF MEDICINE
Received Date: 20050802
Docket No: 3035493
Control No.: 314637
License No.: 24-32265-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey
Date 8-3-2005

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 _____