

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02500
Status Code: 0
Fee Category: 3C 3P
Exp. Date: 20070331
Fee Comments: _____
Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20050913
Docket No: 3018546
Control No.: 314834
License No.: 24-04206-08MD
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 9-16-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered /__/))

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____