

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03211
Status Code: 0
Fee Category: 3A
Exp. Date: 20120131
Fee Comments: DIST UNDER MD LICENSES
Decom Fin Assur Req: Y
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20050805
Docket No: 3000001
Control No.: 314724
License No.: 24-04206-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed
Date

D. A. Hersey
8-25-2005

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

