

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 03620
Status Code: 0
Fee Category: 3M
Exp. Date: 20140331
Fee Comments: _____
Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: AASTROM BIOSCIENCES
Received Date: 20050818
Docket No: 3033266
Control No.: 314756
License No.: 21-26519-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hersey
Date 8-26-2005

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 _____