

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03620
Status Code: 0
Fee Category: 3M
Exp. Date: 20140930
Fee Comments: _____
Decom Fin Assur Req'd: Y
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: QUINTILES, INC.
Received Date: 20041123
Docket No: 3009415
Control No.: 300364
License No.: 24-15595-01
Action Type: Fin. Assurance

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 12-7-2004

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 _____