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:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
:      Program Code: 03620
:      Status Code: 0
:      Fee Category: EX 3M
:      Exp. Date: 20121130
:      Fee Comments: 170.11(A)(4)
:      Decom Fin Assur Req'd: N
:
:      .....

```

License Fee Management Branch, ARM
and
Regional Licensing Sections

A. REGION

Applicant/Licensee: INDIANA UNIVERSITY SCHOOL MEDICINE
Received Date: 20060127
Docket No: 3009673
Control No.: 315201
License No.: 13-15734-01
Action Type: Amendment

Amount:
Check No.:

Signed D.A. Hersey
Date 2-19-2006

1. Fee Category and Amount: _____

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

Amendment	_____
Renewal	_____
License	_____

3. OTHER _____

Signed _____
Date _____