

BETWEEN:

```
.....  
.: Program Code: 03620  
.: Status Code: 0  
.: Fee Category: 3M 3E  
.: Exp. Date: 20100531  
.: Fee Comments:  
.: Decom Fin Assur Reqd: N  
.....
```

LICENSE FEE TRANSMITTAL

### A. REGION

1. APPLICATION ATTACHED

Application/Amendment:  
 Applicant/Licensee: STOWERS INSTITUTE MEDICAL RESEARCH  
 Received Date: 20060802  
 Docket No: 3035330  
 Control No.: 315610  
 License No.: 24-32242-01  
 Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

### 3. COMMENTS

Signed  
Date

*A. L. Barnard*  
8-3-06

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