

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02110
: Status Code: 0
: Fee Category: 7B EX 3L 3E 2B
: Exp. Date: 20130430
: Fee Comments: 170.11(A)(4) CAL EX1/85
: Decom Fin Assur Req'd: Y
: ::

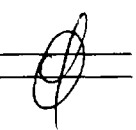
LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: IUPUI/INDIANA UNIVERSITY MED. CNTR.
Received Date: 20070605
Docket No: 3001609
Control No.: 316295
License No.: 13-02752-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed _____
Date 6/18/07

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 _____