

License Fee Management Branch, ARM
and
Regional Licensing Sections

```

:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
:      Program Code: 03620
:      Status Code: 0
:      Fee Category: 3M 3P
:      Exp. Date: 20101231
:      Fee Comments: 3M EFF 1/8/93
:      Decom Fin Assur Req'd: N
:      .....

```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BAYER HEALTHCARE LLC
Received Date: 20070522
Docket No: 3004336
Control No.: 316266
License No.: 13-02249-01
Action Type: Decommissioning

2. FEE ATTACHED
Amount:
Check No.:

- ### 3. COMMENTS

Signed
Date

K. J. Bernardini
5-29-07

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