

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:

: Program Code: \_\_\_\_\_  
: Status Code: 3 \_\_\_\_\_  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0 \_\_\_\_\_  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: \_\_\_\_\_  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: BROGAN PHARMACEUTICALS  
Received Date: 20070627  
Docket No: 3037503  
Control No.: 316345  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   0  

3. COMMENTS

Signed \_\_\_\_\_  
Date 7-2-07

*M. Buchholz*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: See attached fee sheet

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

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License   /  

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_

Refer to CN 316072 } for fees.  
old docket 030-37423 }

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Regional Licensing Sections

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:      . . . . .

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### A. REGION

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License No.:  
Action Type: New Licensee

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M. Buchholz  
7-2-07

1. Fee Category and Amount: \_\_\_\_\_

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Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER

Signed  
Date

for fees, refer to CN 316072.

### **FEE INFORMATION**

Log page: June 2 (Region III)

Mail control: 316345 (Fee paid under voided mail control 316072)

Company name: Brogan Pharmaceuticals

License number: New

Check number: 1130

Amount received: \$2,300.00

Fee category: 7C

Type of fee: Application

Date: 07/13/07

Completed by: Brenda Brown