

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

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

: Program Code: 02500
: Status Code: 0
: Fee Category: 3C EX 2B
: Exp. Date: 20130331
: Fee Comments: _____
: Decom Fin Assur Req'd: N

: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MALLINCKRODT INC.
Received Date: 20070813
Docket No: 3029675
Control No.: 316451
License No.: 24-04206-10MD
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed *R. Rosemary Jones*
Date 8/15/07

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 _____