

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: _____
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NETWORK RADIOLOGY ASPEN GROVE, PLLC
Received Date: 20041019
Docket No: 3036715
Control No.: 313833
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *K. R. Bernardino*
Date 10-19-04

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 _____