

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02200
 : Status Code: 0
 : Fee Category: 7C
 : Exp. Date: 20130531
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ASSOCIATED PHYSICIANS & SURG., INC.
 Received Date: 20040928
 Docket No: 3034580
 Control No.: 313764
 License No.: 13-32039-01
 Action Type: Amendment

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

3. COMMENTS
 Signed D.A. Hershey
 Date 10-12-2004

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 _____