BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20080930
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: CARDIOVASCULAR CLINICS, P.C.
   Received Date: 20041129
   Docket No: 3034833
   Control No.: 313949
   License No.: 13-32122-01
   Action Type: Notifications

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

3. COMMENTS

Signed D.A. Hersey
Date 12-10-2004

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 _____