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 Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: TRI-CITY HEART CENTER
   Received Date: 20041123
   Docket No: 3036756
   Control No.: 313899
   License No.:
   Action Type: New Licensee

2. FEE ATTACHED
   Amount: $1900.00
   Check No.: 3426

3. COMMENTS

Signed D. A. Hersey
Date 11-29-2004

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

1. Fee Category and Amount: Fee that attached

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License ✓

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page:	Dec 1 (Region III)
Mail Control:	313899
Company Name:	Tri-City Heart Center
Remitter:	Don F. Broks, M.D.
License Number:	NEW
Check Number:	3426
Amount Received:	$1,900.00
Fee Category:	7C
Type of fee:	Application
Date Received:	12/13/04
Date Completed:	12/13/04
Completed by:	Brenda Brown