

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED ^{FD}
Applicant/Licensee: FARHY, RODOLPH D., M.D., FACC/FAHA
Received Date: 20050308
Docket No: 3036896
Control No.: 314258
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 1246

3. COMMENTS

Signed D. A. Hersey
Date 3-31-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 04/05/05, 07 04/07/05)

1. Fee Category and Amount: 70, \$1900

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

3. OTHER _____

Signed [Signature]
Date 4/3/05

R7

ML 051440 445