

(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

Applicant/Licensee: PROGRESSIVE MEDICAL IMAGING AND
Received Date: 20050321
Docket No: 3036919
Control No.: 314310
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 7025

3. COMMENTS

Signed D. A. Hersey
Date 4-14-2005

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 _____

FEE INFORMATION

Log Page: Apr 2 (Region III)

Mail control: 314310

Company Name: Progressive Medical Imaging and Minimally Invasive Therapeutics, Inc.

License Number: New

Check Number: 1005

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Received: 4/20/05

Date Completed: 4/20/05

Completed by: Brenda Brown

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