

(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: CARDIOLOGY ASSOCIATES, INC.
Received Date: 20050504
Docket No: 3036946
Control No.: 314452
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 15358

3. COMMENTS

Signed D.A. Hensey
Date 5-13-2005

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

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: May 3 (Region III)

Mail Control: 314452

Company Name: Cardiology Associates, Inc.

License Number: NEW

Check Number: 15558

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Received: 05/20/05

Date Completed: 05/20/05

Completed by: Brenda Brown