

(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