

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 Req: \_\_\_\_\_  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: MAP CARDIOLOGY, LLC.  
Received Date: 20050621  
Docket No: 3036978  
Control No.: 314577  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED  
Amount: \$1900.00  
Check No.: 71677

3. COMMENTS

Signed  
Date

D.A. Hersey  
7-11-2005

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

\_\_\_\_\_  
\_\_\_\_\_