

(FOR LICENSING)
INFORMATION FROM TS

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: OPTIMA HEARTCARE, INC.
Received Date: 20050706
Docket No: 3036987
Control No.: 314624
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 1940

3. COMMENTS

Signed D.A. Hersey
Date 8-2-2005

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

1. Fee Category and Amount: See attached sheet

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Aug 1 (Region III)
Mail control: 314624
Company Name: Optima Heartcare, Inc.
License Number: New
Check Number: 1740
Remitter: FKA West Count Nuclear Cardiology, Inc.
Amount Received: \$1,900.00
Fee Category: 7C
Type of fee: Application
Date Completed: 8/10/05
Completed by: Brenda Brown