

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02200  
Status Code: 2  
Fee Category: 7C  
Exp. Date: 20050331  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CONSULTANTS IN CARDIOLOGY, P.C.  
Received Date: 20050301  
Docket No: 3033785  
Control No.: 314232  
License No.: 21-26635-01  
Action Type: Renewal

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed D.A. Hersey  
Date 3-25-2005

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 \_\_\_\_\_