

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110731
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: INDIANA HEART PHYSICIANS, INC.
Received Date: 20050617
Docket No: 3031994
Control No.: 314560
License No.: 13-26260-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hensley
Date 7-8-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered /_/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
- 3. OTHER _____

Signed _____
Date _____