BETWEEN:		: (FOR LFMS USE) : INFORMATION FROM LTS
		D
License Fee Management Branch, ARM and		: Program Code: 02201 : Status Code: 0
Regional Licensing Sections		Fee Category: 7C Exp. Date: 20121031 Fee Comments: Decom Fin Assur Reqd: N
LICENSE FEE TRAN	SMITTAL	
A. REGION		
 APPLICATION Applicant/Li Received Dat Docket No: Control No.: License No.: Action Type: 	censee: MERCY CARDIOLOG e: 20050610 3036126 314536 24-32420-01	Y CLINIC, INC.
 FEE ATTACHED Amount: Check No.: 		
3. COMMENTS	,	
	Signed Date	D. A. Hersey
B. LICENSE FEE M	IANAGEMENT BRANCH (Check	when milestone 03 is entered //)
1. Fee Category	and Amount:	
2. Correct Fee Amendment Renewal License	Paid. Application may b	e processed for:
3. OTHER		
	Signed _ Date _	