

(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: 20140630
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDIOVASCULAR ASSOCIATES, P.C.
Received Date: 20050824
Docket No: 3008670
Control No.: 314780
License No.: 21-15166-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: ⊕

3. COMMENTS

Signed D.A. Hershey
Date 8-29-2005

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 _____