

(FOR LFMS USE)  
INFORMATION FROM LTS

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: CARDIOLOGY GROUP OF LANSING  
Received Date: 20050719  
Docket No: 3036997  
Control No.: 314663  
License No.:  
Action Type: New Licensee

010  
1900.00

2. FEE ATTACHED

Amount: \$1900.00  
Check No.: 10523

3. COMMENTS

Signed D. A. Hershey  
Date 8-12-2005

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

1. Fee Category and Amount: \_\_\_\_\_

See attached fee sheet

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

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**FEE INFORMATION**

Log Page: Sept 1 (Region III)

Mail control: 314663

Company Name: Cardiology Group of Lansing

Remitter: Dinesh Shah, M.D.

License: New

Check Number: 10573

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Completed: 9/2/05

Completed by: Brenda Brown