

(FOR LFMS USE)
INFORMATION FROM LTS

Mata-05
~~9499-05~~

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: DIABETES & ENDOCRINOLOGY SPECIALIST
Received Date: 20050920
Docket No: 3037040
Control No.: 314852
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$2100.00
Check No.: 13909

3. COMMENTS

Signed D.A. Hersey
Date 9-30-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1-1)

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

R7

Log Page: Oct 1 (Region III)

Mail control: 314852

Company Name: Diabetes and Endocrinology Specialists

Check Number: 13909

Amount Received: \$2,100.00

Type of fee: Application

Fee category: 7C

Type of fee: Application

Date Completed: 10/07/05

Completed by: Brenda Brown