

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MICHIGAN CARDIOVASCULAR INSTITUTE
Received Date: 20050811
Docket No: 3032923
Control No.: 314737
License No.: 21-26447-01
Action Type: Amendment

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

3. COMMENTS

Signed D.A. Hersey
Date 8-23-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 06 is entered /_/)

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

Signed _____
Date _____