

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02201
 : Status Code: 0
 : Fee Category: 7C
 : Exp. Date: 20130531
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::::

BETWEEN:

License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: THORACIC & CARDIOVASCULAR INSTITUTE
 Received Date: 20051021
 Docket No: 3018237
 Control No.: 314934
 License No.: 21-20313-01
 Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hershey
 Date 11-1-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 08 is entered /_/_)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____