

(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: 20150731
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MAP CARDIOLOGY, L.L.C.
Received Date: 20050916
Docket No: 3036978
Control No.: 314842
License No.: 24-32582-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 9-28-2005

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 _____