

(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: MEDTRONIC, INC.
Received Date: 20050930
Docket No.: 3037057
Control No.: 314883
License No.:
Action Type: New License

*PAID BY
mc / CREDIT
card*

2. FEE ATTACHED
Amount: \$1100.00
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 10-13-2005

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

R3

Log Page: Oct 1 (Region III)

Mail control: 314883

Company Name: Medtronic, Inc.

License Number: New

Paid by: Credit card

Amount Received: \$1,100.00

Fee Category: 3P

Type of fee: Application

Date Completed: 10/19/05

Completed by: Brenda Brown