

(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'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: HEART & LUNG CLINIC
Received Date: 20060202
Docket No: 3037142
Control No.: 315216
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$2100.00 ✓
Check No.: 3798

3. COMMENTS

Signed D.A. Hersey
Date 2-22-2006

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

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

Log Page: March 1 (Region III)

Mail Control: 315216

Company Name: Heart & Lung Clinic

Remitter: Yousef Daneshvar, M.D.

Check Number: 3798

Amount Received: \$2,100.00

Type of Fee: Application

Fee Category: 7C

Date Completed: 3/2/06

Completed by: Brenda Brown