

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GRAND RIVER CARDIOLOGY, PLC
Received Date: 20060127
Docket No: 3034269
Control No.: 315205
License No.: 21-26764-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: φ

3. COMMENTS

Signed D.A. Hersey
Date 2-19-2006

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 _____