

(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: ADVANCED VIRTUAL RADIOLOGY
Received Date: 20060410
Docket No.: 3037194
Control No.: 315362
License No.:
Action Type: New Licensee

matu-06

2. FEE ATTACHED
Amount: \$2300.00
Check No.: 562

3. COMMENTS

Signed *D.A. Hersey*
Date *4-17-2006*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 10)

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: Apr 2 (Region III)

Mail Control: 315362

Company Name: Advanced Virtual Radiology

Check Number: 562

Amount Received: \$2,300.00

Amount Due: \$2,100.00

Amount Refunded: \$200.00 (application overpayment)

Type of fee: Application

Date Completed: 05/17/06

Completed by: Brenda Brown