

(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: NORTHWEST CARDIOLOGY, PC
Received Date: 20060331
Docket No: 3037190
Control No.: 315348
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 7659

matu-06

3. COMMENTS

Signed *D. A. Hersey*
Date *12-2006*

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

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: 315348

Licensee Name: Northwest Cardiology, PC

License Number: New

Check Numbers: 1059 / 1137

Amount: \$1900 / \$200

Fee Category: 7C

Type of fee: Application

Date Received: 06/05/06

Completed by: Brenda Brown