

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

:
:
:-----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110131
: Fee Comments: _____
: Decom Fin Assur Req: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EASTSIDE CARDIOVASCULAR MEDICINE, PC
Received Date: 20060712
Docket No: 3032009
Control No.: 315567
License No.: 21-26263-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed K. L. Lumbardino
Date 7-13-06

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 _____

*Do Concurrently with
Control no. 315566*