

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20110531
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED


Applicant/Licensee: HEART CENTER FOR EXCELLENCE
Received Date: 20060807
Docket No: 3017349
Control No.: 315622
License No.: 21-18912-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed _____
Date _____


8-10-06

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 _____