

(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: 20090831
Fee Comments:
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOVASCULAR CONSULTANTS IN, P.C.
Received Date: 20060620
Docket No: 3035168
Control No.: 315508
License No.: 13-32203-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 6-21-2006

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 _____