

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20110430
Fee Comments: _____
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION

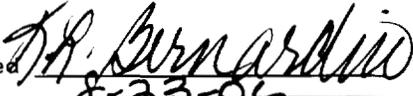
1. APPLICATION ATTACHED

Applicant/Licensee: PATIENTS FIRST HEALTH CARE, LLC
Received Date: 20060822
Docket No.: 3035650
Control No.: 315661
License No.: 24-32304-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 

3. COMMENTS

Signed 
Date 8-23-06

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 _____