

(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 Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: CARDIOLOGY DIVISION  
Received Date: 20060718  
Docket No: 3033963  
Control No.: 315583  
License No.: 13-26679-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed A. Bernardino  
Date 7-26-06

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 \_\_\_\_\_