

: (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: 20121031  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req: N  
: .....

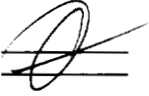
LICENSE FEE TRANSMITTAL

A. REGION


1. APPLICATION ATTACHED

Applicant/Licensee: MERCY CARDIOLOGY CLINIC, INC.  
Received Date: 20060919  
Docket No.: 3036126  
Control No.: 315721  
License No.: 24-32420-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 

3. COMMENTS

Signed   
Date 9-20-06

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 \_\_\_\_\_