

(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: 20150131
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

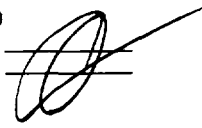
1. APPLICATION ATTACHED

Applicant/Licensee: ACADEMIC HEART & VASCULAR, PLLC
Received Date: 20060825
Docket No: 3036820
Control No.: 315668
License No.: 21-32553-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS



Signed
Date

K. R. Burnard
8-31-06

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

