BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20060831
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: CARDIOLOGY CONSULTANTS OF EAST MI
   Received Date: 20060829
   Docket No: 3037297
   Control No.: 315680
   License No.: 21-32624-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: ____
   Check No.: ____

3. COMMENTS

Signed K. L. Bernardino
Date 9-1-06

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 _____