

(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: INDIANA HEART ASSOCIATES, P.C.
Received Date: 20061127
Docket No: 3029663
Control No.: 315862
License No.: 13-24834-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 0
Check No.: _____

3. COMMENTS

Signed D.A. Hersey
Date 11-29-2006

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 _____