

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOLOGY SOUTHWEST, P.C.
Received Date: 20061218
Docket No: 3037384
Control No.: 315916
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2300.00
Check No.: 4828

3. COMMENTS

Signed J. A. Hersey
Date 12-21-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1/)

1. Fee Category and Amount: _____

See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Jan 1 (Region III)

Mail Control: 315916

Company Name: Cardiology Southwest, P.C.

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 4828

Amount Received: \$2,300.00

Date Completed: 01/08/07

Completed by: Brenda Brown