

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MEDICAL PLAZA IMAGING ASSOCIATES
Received Date: 20070118
Docket No.: 3033080
Control No.: 315966
License No.: 24-26475-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.:

3. COMMENTS

Signed D.A. Hansey
Date 1-18-2007

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 _____