

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: -
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MEDICAL OUTSOURCING SERVICES
Received Date: 20070322
Docket No: 3037432
Control No.: 316123
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$ 5,100.00
Check No.: 27122

3. COMMENTS

Signed Margaret Buchholz
Date 3/27/07 4-17-07

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 _____

3/23 - SPOKE with Amy HUNT-REIMANN AS
SHE TOLD me they forgot to INCL
AND would send it out AS