

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 : Program Code: 02201
 : Status Code: 0
 : Fee Category: 7C
 : Exp. Date: 20130531
 : 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: WEST SHORE CARDIOLOGY CONSUL., P.C.
 Received Date: 20070608
 Docket No: 3029788
 Control No.: 316301
 License No.: 21-24873-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: _____

3. COMMENTS

Signed
 Date

M. Buchak

 6-11-07

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 _____