

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20091231
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ACADEMIC CARDIOLOGY ASSOCIATES, P.C
Received Date: 20070511
Docket No: 3035278
Control No.: 316238
License No.: 21-32228-02
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: 0

3. COMMENTS

Signed M. Bucholz
Date 5-17-07

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 _____