

(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 Req: \_\_\_\_\_  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: INDIANA INSTITUTE OF CARDIOLOGY  
Received Date: 20070502  
Docket No.: 3037464  
Control No.: 316218  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED  
Amount: 2300.00  
Check No.: 9867

3. COMMENTS

Signed [Signature]  
Date 5/3/07

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

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**

Mail control: 316218

Log page: May 1 (Region III)

Company name: Indiana Institute of Cardiology

License number: NEW

Type of fee: Application

Fee category: 7C

Check number: 9867

Amount submitted: \$2,300.00

Date completed: 05/10/07

Completed by: Brenda Brown