

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20121130
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CLINICAL CARDIOVASCULAR ASSOCIATES
Received Date: 20070731
Docket No: 3036149
Control No.: 316423
License No.: 24-32429-01
Action Type: Amendment

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

3. COMMENTS

Signed R. Roseman
Date 8/2/07

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 _____