

(FOR LFMS USE)
 INFORMATION FROM LTS

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

BETWEEN:
 License Fee Management Branch, ARM
 and
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: MUNIR, MUHAMMAD A., M.D.
 Received Date: 20070530
 Docket No: 3037479
 Control No.: 316280
 License No.:
 Action Type: New Licensee

Lic. # 21-32657-01

2. FEE ATTACHED
 Amount: 2300.00
 Check No.: 10876

3. COMMENTS

Signed *M. Buchholz*
 Date *5-30-07*

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

1. Fee Category and Amount: *See attached for sheet*

2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____

BETWEEN: _____ : (FOR LFMS USE)
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 and : _____
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Signed M. Buchholz
 Date 5-31-07

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 Amendment _____
 Renewal _____
 License _____
 3. OTHER _____

Signed _____
 Date _____

FEE INFORMATION

Log page: June 1 (Region III)

Mail control: 316280

Company name: Muhammad A. Munir, M.D.

Remitter: Melvin C. Murphy, M.D., P.C.

Type of fee: Application

Fee category: 7C

Check number: 10876

Amount received: \$2,300.00

Date completed: 06/07/07

Completed by: Brenda Brown