

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

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: _____
: Status Code: 3 _____
: Fee Category: _____
: Exp. Date: 0 _____
: Fee Comments: _____
: Decom Fin Assur Req'd: _____
: :::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: TOWN & COUNTRY CARDIOVASCULAR GROUP
Received Date: 20070619
Docket No: 3037494
Control No.: 316319
License No.:
Action Type: ~~Renewal~~ NEW LICENSE

2. FEE ATTACHED \$
Amount: 2300
Check No.: 13951

3. COMMENTS

Signed M. Bucholz
Date 6-21-07

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 _____

: (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: TOWN & COUNTRY CARDIOVASCULAR GROUP
Received Date: 20070619
Docket No.: 3037494
Control No.: 316319
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$ 2300
Check No.: 13951

3. COMMENTS

Signed M. Buchholz
Date 6-21-07

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 _____

FEE INFORMATION

Log Page: June 2 (Region III)

Mail Control: 316319

Company Name: Town & Country Cardiovascular Group

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 13951

Amount Received: \$2,300.00

Date Completed: 07/03/07

Completed by: Brenda Brown