

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20160531
: Fee Comments:
: Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: NORTHWEST CARDIOLOGY, PC
Received Date: 20070622
Docket No: 3037190
Control No.: 316325
License No.: 21-32616-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed M. Buchholz
Date 6-22-07

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 _____