

Brenda Brown

(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 Reqd: _____

LICENSE FEE TRANSMITTAL

12-32651-01

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SHAH, UDAY, M.D., F.A.C.C.
Received Date: 20070724
Docket No: 3037519
Control No.: 316398
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Ry Rosemary Jona
Date 7/25/07

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 _____

Please Refa to Control # 316179 (2,300) ck# 5364

FEE INFORMATION

Log page: Aug 2 (Region III)

Mail control: 316398 (refer to voided mail control 316179)

Company name: Uday Shah, M.D.S.C.

Type of fee: New

Fee category: 7C

Check number: 5364

Amounts received: \$2,300.00

Date completed: 08/15/07

Completed by: Brenda Brown