

(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 Req'd: _____
:.....

LICENSE FEE TRANSMITTAL

24-3266-01

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KIRKWOOD MEDICAL GROUP, L.L.C.
Received Date: 20070808
Docket No: 3037527
Control No.: 316434
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2,300.00
Check No.: 8072

3. COMMENTS

Signed R. Rosemary Jones
Date 8/8/07

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 _____

FEE INFORMATION

Log page: Aug 2 (Region III)

Mail control: 316434

Company name: Kirkwood Medical Group, LLC.

Type of fee: New

Fee category: 7C

Check number: 8072

Amount received: \$2,300.00

Date completed: 08/16/07

Completed by: Brenda Brown