

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: MIDWEST CARDIOLOGY ASSOCIATES, P.C.  
Received Date: 20070726  
Docket No: 3037554  
Control No.: 316579  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED  
Amount:  
Check No.: *See license 15-32428-01*

3. COMMENTS

Signed *Rosemary Jones*  
Date *10/3/07*

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 \_\_\_\_\_

*Previous License # 15-32428-01  
Issuing New License # due to change in Address/State*