

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM I
: -----
:
: 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: METRO CARDIOVASCULAR, INC.
Received Date: 20070724
Docket No: 3037521
Control No.: 316404
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: _____
Check No.: 6

3. COMMENTS

Signed
Date

R. Rosemary
7/27/07

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 refer to Control # 315828
Check # 1086 \$2,100.00*

FEE INFORMATION

Log page: Aug 1 (Region III)

Mail control: 316404 (refer to voided mail control 315828)

Company name: Metro Cardiovascular, Inc.

Type of fee: New

Fee category: 7C

Check numbers: 1086 + / 7322

Amounts received: \$2,100.00 + / \$200.00

Date completed: 08/08/07

Completed by: Brenda Brown

B. TWEEN:

```
:          (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: METRO CARDIOVASCULAR, INC.
Received Date: 20070724
Docket No: 3037521
Control No.: 316404
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed RF Rosemary J...
Date 7/27/07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1)

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 _____

please refer to Control # 315828
Check # 1086 \$2,100.00