

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
Applicant/Licensee: HEART CARE
Received Date: 20070926
Docket No: 3030281
Control No.: 316595
License No.: 21-25851-01
Action Type: Amendment

- 2. FEE ATTACHED
Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemarie Jen
Date 9/11/07

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 _____