

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: 20130531
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: THORACIC & CARDIOVASCULAR INSTITUTE
Received Date: 20071023
Docket No: 3018237
Control No.: 316626
License No.: 21-20313-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed *Rosemary Jones*
Date 10/23/07

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 _____