BETWEEN:

icense 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 Reqd: _

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: METRO CARDIOVASCULAR_DIAGNOSTICS
   Received Date: 20071123
   Docket No: 3037587
   Control No.: 316719
   License No.:
   Action Type: New Licensee

2. FEE ATTACHED
   Amount:
   Check No.: See Comments

3. COMMENTS

Signed Rosemary Jones
Date 12/7/07

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 _____

voided Check #1086 $200.00 Control #315828
" Check #7322 200.00 Control 316404