BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM L

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: CAPITAL CARDIOLOGY, P.C.
Received Date: 20071105
Docket No: 3037572
Control No.: 316660
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: $2,500.00
Check No.: 3119

3. COMMENTS

Signed Rosemary Jon
Date 11/6/07

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 _____