

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140228
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOLOGY & CRITICAL CARE CONSULT.
Received Date: 20080117
Docket No: 3036505
Control No.: 316823
License No.: 24-32492-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: Ø

3. COMMENTS

Signed Rosemary Jones
Date 1-18-08

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 _____