

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

:  
:  
:  
:  
:  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120930  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
:  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ALLEN PARK CARDIOLOGY, P.C.  
Received Date: 20080115  
Docket No: 3034417  
Control No.: 316813  
License No.: 21-26792-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed *Rosen*  
Date 1-16-07

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 \_\_\_\_\_