

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02200  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140531  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MOHAMMED RABBANI, M.D., P.C.  
Received Date: 20080128  
Docket No: 3013402  
Control No.: 316854  
License No.: 21-17830-01  
Action Type: Termination

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 10

3. COMMENTS

Signed *Rosen*  
Date 1/31/08

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 \_\_\_\_\_