

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 Req'd: _____
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

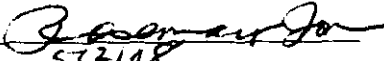
Applicant/Licensee: BALTES CARDIOLOGY
Received Date: 20080425
Docket No: 3037753
Control No.: 317115
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2300.00
Check No.: 1226

3. COMMENTS

Signed
Date


5/2/08

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

