

(FOR LFMS USE)
INFORMATION FROM L

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: 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: 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 [Signature]
Date 5/7/08

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 _____