

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02220
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140228
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: RIVER CITIES CARDIOLOGY
 Received Date: 20080606
 Docket No: 3033227
 Control No.: 317222
 License No.: 13-26510-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: B

3. COMMENTS

Signed Rosemary Jan
 Date 6/9/08

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 _____