

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

:
:
:
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130831
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOVASCULAR INSTITUTE OF MI, P.C
Received Date: 20080822
Docket No: 3034736
Control No.: 317415
License No.: 21-32094-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: 0

3. COMMENTS

Signed Rosemary Ann
Date 8/29/08

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 _____