

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: 20110131
: Fee Comments:
: Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EASTSIDE CARDIOVASCULAR MEDICINE, PC
Received Date: 20080625
Docket No: 3032009
Control No.: 317286
License No.: 21-26263-01
Action Type: Amendment

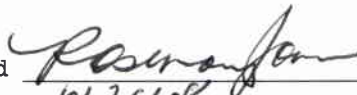
2. FEE ATTACHED

Amount:

Check No.: Ø

3. COMMENTS

Signed
Date


6/26/08

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

