

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C EX 2B
Exp. Date: 20110531
Fee Comments: _____
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEART CENTER FOR EXCELLENCE
Received Date: 20080813
Docket No: 3017349
Control No.: 317400
License No.: 21-18912-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed _____
Date _____

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 _____