

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: 20100630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED
 Applicant/Licensee: FORT WAYNE CARDIOVASCULAR IMAGING
 Received Date: 20080926
 Docket No: 3037753
 Control No.: 317520
 License No.: 13-32694-01
 Action Type: Amendment

- 2. FEE ATTACHED
 Amount: _____
 Check No.: 0

3. COMMENTS

Signed *Rosemary Jan*
Date 9-30-08

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 _____