

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM
: -----
:
: Program Code: _____
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _____
: ::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MICHIANA HEMATOLOGY-ONCOLOGY PC
Received Date: 20081029
Docket No: 3037858
Control No.: 317653
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: 2,300.00
Check No.: 69021

3. COMMENTS

Signed *Rosenberg*
Date 11-6-08

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 _____