

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: 20170630
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: INDIANA HEART & VASCULAR INSTITUTE
Received Date: 20081219
Docket No: 3037464
Control No.: 317788
License No.: 13-32652-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS

Signed Rosemary Jan
Date 12-23-08

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 _____