

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120430  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PHYSICIAN COVERAGE SERVICES, P.C.
Received Date: 20050912
Docket No: 3035967
Control No.: 314822
License No.: 21-32382-01
Action Type: Amendment

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

- ### 3. COMMENTS

Signed D.A. Hershey
Date 9-14-2005

- 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 _____