

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

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: CARDIAC CARE CONSULTANTS, P.C.  
Received Date: 20050719  
Docket No: 3036996  
Control No.: 314657  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00  
Check No.: 2725

3. COMMENTS

Signed  
Date

D. A. Hersey  
8-11-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered *if*)

1. Fee Category and Amount: \_\_\_\_\_

*See attached fee sheet*

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

*1,900.00*

Signed  
Date

\_\_\_\_\_  
\_\_\_\_\_

### FEE INFORMATION

Log Page: Sept 1 (Region III)

Mail control: 314657

Company Name: Cardiac Care Consultants, PC

License: New

Check Number: 2725

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Completed: 9/2/05

Completed by: Brenda Brown