

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: 20150531
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PROGRESSIVE MEDICAL IMAGING AND
Received Date: 20050722
Docket No: 3036919
Control No.: 314674
License No.: 21-32568-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey
Date 8-15-2005

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 _____