

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3 _____
Fee Category: _____
Exp. Date: 0 _____
Fee Comments: _____
Decom Fin Assur Req'd: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDIOLOGY CONSULTANTS OF ST. LOUIS
Received Date: 20050811
Docket No.: 3037008
Control No.: 314740
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 10934

3. COMMENTS

Signed D.A. Hersey
Date 8-23-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/_/)

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License /

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

R7

Log Page: Sept 2 (Region III)

Mail control: 314740

Company Name: Cardiology Consultants of St. Louis

Check Numbers: 10957 + / 11047

Amount Received: \$1,900.00 / \$200.00

Type of fee: Application

Fee category: 7C

Type of fee: Application

Date Completed: 10/17/05

Completed by: Brenda Brown