

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: _____
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AMERICAN DIAGNOSTIC MEDICINE
Received Date: 20050928
Docket No: 3037037
Control No.: 314838
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100
Check No.: 11513

3. COMMENTS

Signed
Date

D.A. Hensley
9-28-2005

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

Matu-09
94514

FEE INFORMATION

Log Page: Oct 1 (Region III) ²⁴

Mail control: 314838

Company Name: American Diagnostic Medicine, Inc.

Check Number: 11573

Amount Received: \$2,100.00

Type of fee: Application

Fee category: 7C

Type of fee: Application

Date Completed: 10/05/05

Completed by: Brenda Brown