

4559

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

JR LFMS USE)
INFORMATION FROM LTS

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: THYROID & DIABETES CLINIC
Received Date: 20051201
Docket No: 3037101
Control No.: 315057
License No.: _____
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2100.00
Check No.: 4559

3. COMMENTS

Signed
Date

D.A. Hersey
12-12-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 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

Log Page: Dec 1 (Region III)

Mail control: 315057

Company Name: Thyroid and Diabetes Clinic

License Number: New

Check Number: 4559

Remitter: Hermant or Usha Thawani

Amount Received: \$2,100.00

Fee Category: 7C

Type of fee: Application

Date Completed: 12/27/05

Completed by: Brenda Brown

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JAN 03 2006