

BETWEEN:

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

A. REGION

- ### 3. COMMENTS

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

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: March 1 (Region III)

Mail Control: 315216

Company Name: Heart & Lung Clinic

Remitter: Yousef Daneshvar, M.D.

Check Number: 3798

Amount Received: \$2,100.00

Type of Fee: Application

Fee Category: 7C

Date Completed: 3/2/06

Completed by: Brenda Brown