

BETWEEN:

Program Code: 02230
Status Code: 0
Fee Category: 7C
Exp. Date: 20140531
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICATION ATTACHED
 Applicant/Licensee: CANCER CARE GROUP, P.C.
 Received Date: 20060516
 Docket No: 3036525
 Control No.: 315445
 License No.: 13-32500-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed D.A. Jersey
Date 5-30-2006

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 _____