

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02201  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20140731  
Fee Comments:  
Decom Fin Assur Reqd: N  
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: CARDIOLOGY INSTITUTE OF MICHIGAN  
Received Date: 20060623  
Docket No: 3036632  
Control No.: 315520  
License No.: 21-32530-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: Ø  
Check No.: Ø

3. COMMENTS

Signed D. A. Hersey  
Date 6-28-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 09 is entered / ☒ /)

1. Fee Category and Amount: \_\_\_\_\_  
2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_  
3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_