

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

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: MACOMB CARDIOLOGY ASSOCIATES, PC
Received Date: 20060712
Docket No: 3037306
Control No.: 315566
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: ~~2,200.00~~ 2,200.00
Check No.: ~~10920~~ 10920

3. COMMENTS

Signed _____
Date 7-13-06

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /1/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

See attached fee sheet
matu-06

FEE INFORMATION

Log Page: July 1 (Region III)

Mail Control: 315566

Company Name: Macomb Cardiology Associates, PC

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 10920

Amount Received: \$2,200.00

Amount Due: \$2,100.00

Amount Refunded: \$100.00

Completed By: Brenda Brown