

BETWEEN:

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20110131
Fee Comments: _____
Decom Fin Assur Req

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EASTSIDE CARDIOVASCULAR MEDICINE, PC
 Received Date: 20060712
 Docket No: 3032009
 Control No.: 315567
 License No.: 21-26263-01
 Action Type: Amendment

2. FEE ATTACHED.

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

K. Bernardine
7-13-06

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

Do Concurrently with
Control no. 315566