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      (FOR LFMS USE)
      INFORMATION FROM LTS
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Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20121031
Fee Comments: _____
Decom Fin Assur Req'd: N
.....

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BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: MERCY CARDIOLOGY CLINIC, INC.
Received Date: 20060807
Docket No: 3036126
Control No.: 315621
License No.: 24-32420-01
Action Type: Amendment

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

- ### 3. COMMENTS

Signed
Date

K. L. Bernardini
8-10-06

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