

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20120430
Fee Comments:
Decom Fin Assur Req'd: N

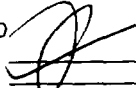

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED


Applicant/Licensee: GRAND RIVER CARDIOLOGY, PLC
Received Date: 20060719
Docket No: 3034269
Control No.: 315587
License No.: 21-26764-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 
Check No.: 

3. COMMENTS

Signed
Date


7-26-06

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

