

BETWEEN :

```

: Program Code: _____
: Status Code: 3 _____
: Fee Category: _____
: Exp. Date: 0 _____
: Fee Comments: _____
: Decom Fin Assur Req'd: _
:
: .....

```

A. REGION

Lic. # 21-32657-01

Amount: 2300—  
Check No.: 10876

Signed  
Date

M. Bucholz  
5-30-07

1. Fee Category and Amount:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER

Signed  
Date

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM I  
: -----  
:  
: 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: MUNIR, MUHAMMAD A., M.D.  
Received Date: 20070530  
Docket No: 3037479  
Control No.: 316280  
License No.:  
Action Type: New Licensee

2. FEE ATTACHED

Amount: 2300.00  
Check No.: 10876

3. COMMENTS

Signed  
Date

M. Buchholz  
5-31-07

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

\_\_\_\_\_  
\_\_\_\_\_

### **FEE INFORMATION**

Log page: June 1 (Region III)

Mail control: 316280

Company name: Muhammad A. Munir, M.D.

Remitter: Melvin C. Murphy, M.D., P.C.

Type of fee: Application

Fee category: 7C

Check number: 10876

Amount received: \$2,300.00

Date completed: 06/07//07

Completed by: Brenda Brown