

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
: Program Code: _____
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _
: .....
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: TOWN & COUNTRY CARDIOVASCULAR GROUP
Received Date: 20070619
Docket No: 3037494
Control No.: 316319
License No.:
Action Type: ~~Renewal~~ NEW LICENSE

2. FEE ATTACHED
Amount: 2300
Check No.: 13951

- ### 3. COMMENTS

Signed
Date

M. Bucholz
6-21-07

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

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

3. OTHER _____

Signed
Date

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: 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: TOWN & COUNTRY CARDIOVASCULAR GROUP
Received Date: 20070619
Docket No.: 3037494
Control No.: 316319
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$ 2300
Check No.: 13951

3. COMMENTS

Signed M. Buchholz
Date 6-21-07

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 2 (Region III)

Mail Control: 316319

Company Name: Town & Country Cardiovascular Group

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 13951

Amount Received: \$2,300.00

Date Completed: 07/03/07

Completed by: Brenda Brown