

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110131  
: Fee Comments:  
: Decom Fin Assur Req'd: N
```

A. REGION

Applicant/Licensee: CARDIOLOGY DIVISION
Received Date: 20070706
Docket No: 3033963
Control No.: 316357
License No.: 13-26679-01
Action Type: Amendment

Amount: _____
Check No.: 1

3. COMMENTS

Signed
Date

By Rosemary Jones
7/10/07

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed
Date