

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _____
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PREMIER DIAGNOSTIC IMAGING, LLC
Received Date: 20050208
Docket No: 3036874
Control No.: 314143
License No.:
Action Type: New Licensee

2. FEE ATTACHED
Amount: \$1900.00
Check No.: 01

3. COMMENTS

Signed D.A. Hervey
Date 2-23-2005

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

1. Fee Category and Amount: see attached fee sheet

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Mar 1 (Region III)

Mail Control: 314143

Company Name: Premier Diagnostic, LLC

License Number: NEW

Check Number: 01

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Received: 03/03/05

Date Completed: 03/03/05

Completed by: Brenda Brown