

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: 20131031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: INTERNAL MEDICINE CONSULTANTS, LLC
Received Date: 20080324
Docket No: 3036388
Control No.: 317013
License No.: 24-32472-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: φ

3. COMMENTS

Signed M. Buchaly
Date 3-26-08

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 _____