

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20140228
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PONTIAC OSTEOPATHIC HOSPITAL
Received Date: 20050901
Docket No: 3002041
Control No.: 314806
License No.: 21-04081-03
Action Type: Amendment

2. FEE ATTACHED
Amount: 0
Check No.: 0

3. COMMENTS

Signed D. A. Hensley
Date 07-13-2005

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 _____