

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20141231
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:
:

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BAY REGIONAL MEDICAL CENTER
Received Date: 20050728
Docket No: 3013900
Control No.: 314708
License No.: 21-18585-01
Action Type: Amendment

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

3. COMMENTS

Signed D. A. Hersey
Date 8-19-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 05 is entered /___/)

1. Fee Category and Amount: _____

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

3. OTHER _____

Signed _____
Date _____