

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20110331
Fee Comments: CODE 23
Decom Fin Assur Req'd: N
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ELKHART GENERAL HOSPITAL
Received Date: 20060131
Docket No: 3017305
Control No.: 315211
License No.: 13-18879-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS

Signed D. A. Hersey
Date 2-19-2006

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 _____