

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20111130
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: PORT HURON HOSPITAL
Received Date: 20060131
Docket No: 3018005
Control No.: 315212
License No.: 21-20137-01
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 _____