

License Fee Management Branch, ARM
and
Regional Licensing Sections

```
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140630  
: Fee Comments:  
: Decom Fin Assur Req'd: N
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A. REGION

Applicant/Licensee: ILLIANA MEDICAL INSTITUTE
Received Date: 20060123
Docket No: 3036594
Control No.: 315224
License No.: 13-32519-01
Action Type: Amendment

Amount: _____
Check No.: _____

Signed D.A. Hersey
Date 3-26-2006

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

Signed _____
Date _____