

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```

:   Program Code: 02121
:   Status Code: 0
:   Fee Category: 7C
:   Exp. Date: 20141130
:   Fee Comments:
:   Decom Fin Assur Req: N

```

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CHELSEA COMMUNITY HOSPITAL
Received Date: 20060127
Docket No: 3018292
Control No.: 315206
License No.: 21-20355-01
Action Type: Amendment

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

- ### 3. COMMENTS

Signed D. A. Tersley
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 _____