

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: 20110630  
Fee Comments: CODE 16  
Decom Fin Assur Req'd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: NORTH OTTAWA COMMUNITY HOSPITAL  
Received Date: 20060208  
Docket No: 3002168  
Control No.: 315228  
License No.: 21-13963-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount:                       
Check No.:

3. COMMENTS

Signed D. A. Tersey  
Date 2-26-2006

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 \_\_\_\_\_