

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02240  
Status Code: 0  
Fee Category: 7A 7C 2B  
Exp. Date: 20141130  
Fee Comments: 7A ADDED 3/6/03, AMD 48  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: METHODIST HOSPITAL OF GARY, INC.  
Received Date: 20060515  
Docket No: 3011234  
Control No.: 315437  
License No.: 13-16558-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: 0  
Check No.: 0

3. COMMENTS

Signed D.A. Hersey  
Date 5-25-2006

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 \_\_\_\_\_