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( FOR LFMS USE )
INFORMATION FROM LTS
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Program Code: 02110
Status Code: 0
Fee Category: 7B 2B
Exp. Date: 20130930
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

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License Fee Management Branch, ARM
and
Regional Licensing Sections

A. REGION

Applicant/Licensee: WILLIAM BEAUMONT HOSPITAL
Received Date: 20060502
Docket No: 3002006
Control No.: 315404
License No.: 21-01333-01
Action Type: Amendment

Amount:
Check No.:

Signed D.A. Persing
Date 5-9-2006

1. Fee Category and Amount: _____

Amendment	_____
Renewal	_____
License	_____

3. OTHER _____

Signed _____
Date _____