

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02121  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20140630  
Fee Comments:  
Decom Fin Assur Req'd: N

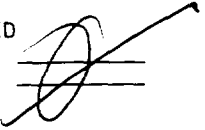

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ELKHART CLINIC  
Received Date: 20060808  
Docket No: 3036581  
Control No.: 315627  
License No.: 13-32515-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:   
Check No.: 

3. COMMENTS

Signed  
Date

  
8-10-06

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

\_\_\_\_\_  
\_\_\_\_\_