

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02201
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20120430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: :::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: ORCHARD MEDICAL CENTER
Received Date: 20070816
Docket No: 3035973
Control No.: 316454
License No.: 21-32368-01
Action Type: Termination

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

3. COMMENTS

Signed R. Rosemary Jones
Date 8/16/07

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 _____