

```

:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
:      Program Code: 02110
:      Status Code: 0
:      Fee Category: 7B 3E 2B
:      Exp. Date: 20041231
:      Fee Comments: CODE 23
:      Decom Fin Assur Req'd: Y
:
:      .....

```

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: Program Code: 02110
: Status Code: 0
: Fee Category: 7B 3E 2B
: Exp. Date: 20041231
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: Y

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A. REGION

Applicant/Licensee: HENRY FORD HOSPITAL
Received Date: 20040916
Docket No.: 3002043
Control No.: 313714
License No.: 21-04109-16
Action Type: Amendment

Amount: _____
Check No.: _____

Signed D. A. Hershey
Date 9-27-2004

1. Fee Category and Amount: _____

Amendment	_____
Renewal	_____
License	_____

Signed _____
Date _____